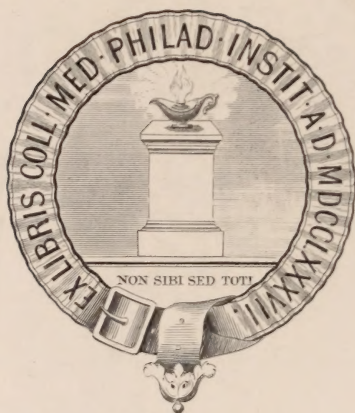


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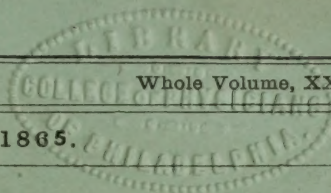
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EDITED BY

EDWARD B. STEVENS, M.D. . . JOHN A. MURPHY, M.D.



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Original Communications.

ARTICLE I.

On the Use of Quinine in Brain Disease.

BY J. R. BLACK, M.D., NEWARK, O.

The education of medical men by standard authors, or by favorite modes of practice at the time in vogue, or both, usually exercises a marked influence on the after current of opinions and practice. It is certainly desirable that this should obtain, when assured of its entire reliability. But from the nature of things this is not always attainable. Discoveries in science, the never ending changes in the phases of disease, the swaying of popular opinion by the theories of master minds, produces infinite diversities, and never ending change. This is easily realized by those engaged in active professional duty. The rise and decline of special modes of practice are constantly witnessed. But though fully conscious of this instability *now*, it does not appear that we always are in our estimate of doctrines and authorities at the period of our induction to medical literature. The extraordinary tenacity with which medical men cling to first impressions and opinions is its practical exemplification. To acknowledge that some of our acquirements, and gross errors, and exploded theories, impugn our reputation and standing, and jars the instinctive desire all have to consider the foundation on which our systemic medical ideas are based, as sure and steadfast. It cannot but be clearly perceived that the student of to-day, will look back

and quote our transient popular ideas, with the same confidence with which we do those dating a score of years ago. Herein lies the gist of the struggle between conservatives and radicals, between young America and the old Foggy. It is thus far beneficent and serves to develop error by sifting and antagonizing extremes, and balances, so to speak, the antipodals upon the axis of truth. But there are a class of minds ever full of novelities, vagaries and innovations. Finding some error in their primeval lessons, they boldly cut loose from all, if that be possible. They at least think it their sphere to reverse almost any known curative process; and on finding a tolerable proportion of recoveries, immediately conclude that they are discoverers, new psychical lights, shining in the zenith of medical progress. Their doctrines are so bold, startling, heterodox, as to distract attention from the legitimate struggle of science as it was, and science as it is. It is not with them, as in civil polity, a struggle between republican and democratic issues, but a polity that shall overturn all; such as the system of Fourier, or an Agrarian law. These recent medical luminaries ignore the question as to cathartic, emetic, diuretic, diaphoretic, astringents, alterative, etc., and merge all into one overwhelming indication, or plan of treating disease, the tonic stimulant one. Fevers are not to be moderated, or inflammations subdued, but the parched typhoid is to be stimulated with brandy, and ammonia, the inflamed being controlled by quinine, and the crazed, heated brain by wine and opium. Vide Todd, and Bennett. Experience, common sense, the highest and lowest instincts may rebel against these libations. What matters it? Have they not, say these transcendentalists, been tried extensively upon the sick, and they became well! And are there not long columns of facts, that prove beyond peradventure that the tonic-stimulant plan of treatment is the ne-plus-ultra of improved science. It is not a *malapropos* point to gently hint to the reader that the mode has not yet been invented which will cure all, or even kill all, though of course there is an extreme of curers, and an extreme of killers; who they are it is not pertinent here to say.

Statistics not long erst was to regenerate medical science,

to overthrow error, and decide the throttling question of the most successful treatment for any special affection. Alas for the fallibility of figures, and the misfortunes of contestants! Each clique or party, could master figures wonderfully alike. The most diverse systems of practice, and even no system at all, or one diluted to extreme tenuity could show, wonderfully equal arrays of successful per cent. The novice or the skeptic, as the case might be, of the healing art, could draw deep draughts of confirmation to his individual notions, or waning faith. As there may be a few of each among the readers of the *Lancet*, this candid statement should have its antidote by the statement of a few plain, and obvious facts. That conclusions or inferences from statistics, are, on things medical, among the most fallacious of guides, will appear from several considerations. In an endemic or epidemic of cholera, typhoid fever, or diphtheria, an overwhelming, determining character, is often associated with the disease in different localities. This may be very benign, or very malignant with intervening grades. It is quite obvious under such circumstances that in a given disease, and given treatment the proportion of recoveries, or fatal cases, is not so much a test of skillful treatment, as of malignancy of the disease.

Again there are a large number of instances, some just within, and some just without, the pale of a special disease. Bombasts in their figures are eager to include all, conscientious scientists, would exclude the latter, and sometimes even the former. Besides, habits of loose or rigid, skillful or unskillful diagnosis can give to one physician a seemingly much greater success, than another. Some physicians, it must also be said, are dishonest, and dishonorable in their diagnosis, unscrupulously giving the name of a dreaded disease, to mild and trivial cases, and illustrating anew the fable of throwing a lion skin over an ass, and calling it a lion, whereby his wondrous power and skin was shown in prompt and easy conquest. Take for example typhoid fever or diphtheria, of two physicians in the same place, in active practice, one will talk, or write of his cases by units or tens while the other will boastfully talk of his by hundreds. At the same time it is commonly observ-

ed that the one claiming the hundreds, has the most limited business of the two. Yet they are both honorable men?

En passant, on the matter of diagnosis, the facility, ease, and promptitude of some physicians is a subject for profound inquiry. One has to wait till signs and symptoms declare a case, while another with powerful intuition sees through it at a glance, and it may be added, masters the disease with incredible speed; yet, as said above, they are all honorable men! In fact, we are all honorable men! but alas, alack-a-day for the welfare of science, self and interest over-ride desire for truth and improvement, Accept the fact we must, and man's physical nature, with its concurrent inference, that it will always be so, so long as men will pursue the physicians' avocation, as a man does a trade, more for the dollars and cents it brings, than for the advantage of science, and the welfare of those intrusted to their care.

But such contrariety of opinion, begets bewilderment as to the best *methodus medendi*, and the thought arises, are there no-rules and safe-guards for the administration of such potent drugs as quinia, more especially in guarding against any injurious influences? An old, and it does seem very rational one, is, that agents which physiologically excite or cause blood determination to certain parts, should be given, if at all, with great caution when these parts are diseased. Take for example a case of acute or chronic gastritis, alcohol, arsenic, strong stimulating food, hot drinks, etc., would if insanely administered in these states, receive nature's emphatic condemnation by instant rejection. No ophthalmigist would pretend to cure eye inflammation, while the inebriate continues his bleary eye practices. Cold is sedative and depressant in its primal action; yet no one thinks of applying it, with this intent, as a remedy for atonic fevers, or a gangrenous limb. Conversely, heat (by which is meant that relatively greater than that of the body) is a stimulant and causes vascular engorgement, and none are so insane as to think of thus benefiting by it an inflamed wound, a florid erysipelatous face, or a raw irritating blister. These plain, every-day illustrations, are adduced to forestall artful evasions, or captious objections to the point in hand

viz.: that quinine which physiologically causes cerebral determination and fulness (of which more anon) is an unsafe and dangerous agent to administer to a patient either predisposed to, or laboring under cerebral irritation and inflammation. Another valuable safe-guard is close, accurate clinical observation. From trustworthy sources in the past, a majority of eminent men are agreed that a special agent cannot be given without great risk in bringing on new and fatal complications in certain states or conditions of morbid action. But regardless of the rule that agent is given in this condition. The result prognostigated in some instances ensues, in others it does not. What, then, are exceptions or variations to invalidate our rules of action? They should not, yet they do, with a large class of restless spirits, meek but nevertheless made bold innovaters, by the conscious weight of genius. But let us examine whether this want of uniformity should form any objection to the adoption of the rule. In looking over the rules appertaining to physiology and pathology it will be found that nearly all are in the same predicament. Physiologically it is the rule that size is a measure of power, but exceptions are truisms. The same is true of lesions of the nervous centers from long and permanent derangement. It is needless to cite examples. The facts are well known, and indeed, it could not be well otherwise, considering, acting, and counteracting causes, the mingling of effects, and their reaction upon one another, so numerous and complex as to defy the most extensive and accurate acumen. But then, though no certain cue to the labyrinths of diseased action is, or ever will be known, it does not follow that the rules, or threads to the maze, albeit often tangled or broken, should be disregarded. On the contrary it is a demonstrable fact, that no excellence, or superiority is attainable except by a keen, practical observing eye, backed by a logical mind, well stored with the established uniformities of medical science. Too frequently a wild radicalism operates disastrously upon our ranks; but far more so upon the fair fame, and advantage of science. In place of a steady, slow and sure advance, one extreme of theory or practice is reached, and as an extreme is wrong and injurious; which

so soon as perceived, reaction begins, the unwilling host led by the eager reformers to the other extreme, fruitful of naught but the spectacle of a constant flux and reflux. Let young medical Hotspurs once become disenthralled from the established maxims of practice and truth. Let them treat lightly, and with contumely, the words of wisdom that drop from our aged seers, who yet bless our midst, or have left us the rich fruits of their experience embalmed in venerable tomes, and they are, certes, savage in their primitiveness, and are yet to learn very simple lessons from the experience of a lifetime.

But what are the established truths of the action of quinine upon the brain? Dr. Wood, U.S.D., says that in ordinary doses it produces "tightness and distention in the head, ringing, buzzing, roaring in the ears, hardness of hearing, etc. In very large doses it occasions very severe headache, deafness, diminution or loss of sight, dilated and immovable pupil, loss of speech, delirium, coma and great prostration. Given largely in diseased states it has been the obvious cause of fatal results; not so much however by its peculiar action, as by co-operating with the disease in establishing intense local inflammation, more especially in the brain." Says Dr. Pereira, *Materia Medica and Therapeutics*, vol. 2d., p. 687, "It is only admissable when there is no marked or decided symptom of inflammatory disease of the brain or digestive organs.

It is needless to quote further. The above is the admitted uniformity or law as to the action of quinine upon the brain. With such guides it might be presumed that nice care and judgment would be exercised in its employment, in all instances when there was actual or known predisposition to brain disease. But not so. A reckless spurning of authority, a careless routineism, a yearning for change, which with some, is but an *alias* for progress, the doctrines of this tonic-stimulant school, who do not claim to aid nature in morbid elimination, but makes her drunk, ergo her sustainers in the fight with disease each has its influence in setting aside detrimental effects upon the brain. To those imbued with the maxims of our fathers, confirmed by our contemporaries, derived from mature and rich experience, often as reliable as the fact that aloes will

purge, it requires no great acumen to detect evil effects from its mal-administration, nor no over sensitive conscience to feel remorse over its use, when it develops inflammation of the brain. The remark is perhaps more pertinent to typhoid fever than any other single affection. Under the idea of sustaining nature, it is here given with especial freedom. The peculiar liability of this disease to brain complications, is a part of its history, and from my limited sphere of observation, am prepared to say, that it is the mediate lesion in nearly all of the fatal examples.

Though perhaps sufficiently alive to its effects upon the brain in this disease, the point of the following case but illustrates and deepens the lessons of the authors above referred to:

H., aged 19 years, fair constitution, and regular habits, taken simultaneously with a sister, Oct. 11, with a severe grade of typhoid fever. In the course of a few days, the disease was fully developed. Dry, trembling tongue, teeth covered with sordes, offensive breath, dry skin, petechia, sudamina, obstinate diarrhoea, dark brown liquid stools, slight tympanitis, constant hallucinations, no violent delirium, rational answers, very hard of hearing, short troubled rest, hands very tremulous, frequent epistaxis, and pulse, varying from 104 to 118. On the fifth week, there was a decided amelioration of all the symptoms, with the exception of the hallucinations, and impairment of hearing. During the day the heat of surface was less, pulse came down to 98, the sordes were disappearing, the appetite improved, and at night good steady sleep, with however very profuse perspirations. This continuing for several days, and obviously preventing the patient from gaining any strength, the cautious use of quinine was deemed advisable. A solution containing ten grains to the ounce was ordered, a teaspoonful to be given every two hours after the subsidence of diurnal fever; in all about six grains were taken. In the afternoon of the day following, the febrile exacerbation was less than usual, the pulse feeble, and slower, but there was a quiet, unmeaning look from the eye which must be seen to be understood. At night he was quite restless, delirium increased until next day, consciousness seemed all but gone, stools and urine

for the first time passed involuntarily, and he made frequent attempts to get out of bed. For some days life trembled in the balance, but vitality with subsequent care, triumphed and after an illness of nine weeks is now rapidly regaining full health.

It is barely creditable that such a lesson should be lost upon an observing physician, or that it should be maintained that these symptoms would have arisen at any rate, or that the administration of this drug, and those effects were mere coincidents. With equal propriety might it be held that the slower and feebler pulse were also coincidences. Nor to the writer is this instance an isolated one, other unequivocal examples of its evil effects (the good are sufficiently appreciated) which delicacy forbids the publication of in detail. The point, the hub of these rough literary spokes is the cultivation of accurate observation, instead of a loose acceptance of results.

ARTICLE II.

Irreducible Hernia Complicated with Hydrocele—Operation.

BY W. W. DAWSON, M.D., CINCINNATI, O.

David Turner, aged 15 year, was brought to the Commercial Hospital by his physician, Dr. M. Black, of Madisonville, Hamilton County, Ohio, on the 12th of September. He had a congenital inguinal hernia of the right side which had been irreducible for two months. The right division of the scrotum was about six inches in length and three inches in diameter: examination detected fluctuation. The fluid was drawn off and reduction attempted but without success. The sac was refilled by the 15th. The hernia was believed to be omental.

After consultation with Drs. T. Wood, and M. Black, I concluded to operate, hoping thereby to relieve the hernia and cure the hydrocele.

On the 17th of September after the patient had been brought under the influence of chloroform I dissected down to and opened the sac. A portion of omentum about the size of

the closed hand was found; the adhesions between it and the walls of the cavity were slight, the ring which was firm and unyielding was one-third of an inch in diameter. After breaking up the adhesions I enlarged the ring and returned the protrusion.

The wound was closed by interrupted suture, and cold dressings applied. He was placed in a recumbent position and no food allowed but bread and water. He took four grains of opium during the twelve hours succeeding the operation and the same quantity on the 18th, 19th, and 20th. On the 21st there being some peritoneal tenderness, he was put on the use of calomel and opium. The water dressings were continued until the 23d, when a poultice was substituted. The wound healed by granulation.

On the 12th of October, Dr. Charles O. Wright, senior, resident physician in the record of the case, says, "the wound which is now being dressed with simple cerate has almost closed; he is getting a more generous diet, and is allowed to exercise in the ward." He was taken to his home in the country on the 16th of October. The radical cure of both the hernia and hydrocele was accomplished. The irreducible hernia and the gradually increasing fluid in the sac rendered the boy comparatively helpless, and in time would have made him entirely so. With these facts before them, his parents decided to allow him to take the risk of the operation.

ARTICLE III.

Creosote in Dysentery.

BY N. B. WELLS, LA GRANGE, KY.

I would respectfully call your attention to the subject of creosote in the treatment of dysentery; and if you should deem this communication worthy of publication you are at liberty to give it to the profession for what it is worth.

In this vicinity we suffered from a form of dysentery during the latter part of last summer and the beginning of autumn, that

may be styled remittent, congestive, or typhoid; which very soon required stimulants and tonics, and nourishing broths to sustain the sinking powers of life. In these cases there was generally a great deal of congestion of the bowels, in conjunction with the usual symptoms of much tormina and tenesmus, with very frequent and copious stools composed almost entirely, in the generality of cases, of mucous and blood of a venous character. The disease was, altogether, adynamic, and generally characterized by much nervous prostration. In my cases I found it necessary to use opium, quinine, alcoholics and animal broths freely, as well as astringents to check the frequent and copious discharges of blood and mucous. Yet the ordinary agents for arresting those heavy drafts upon the system seemed utterly to fail—as plumbi acetas, tannic acid, etc., so did opium, turpentine and such like, fail to allay the excessive irritation of the mucous membrane. This being the fact, in the face of impending dissolution, I began to cast about for something more decided to give relief. I had tried tr. opii and acetate of lead, and tannin, by enema in starch water, to give my patients some rest, but they all seemed to finally fail, and to be ejected very soon after their administration. I concluded to try *creosote* by enema, as well as by the mouth, and I was most happy in finding prompt relief from it in every instance of its use. I gave by enema, 12 drops in three fluid ounces of starch water every 5 or 6 hours. I generally found the tenesmus and tormina relieved, as also the checking of the hemorrhage, and a very material diminution of the quantity of mucous. That peculiar cadaveric odor of such discharges was promptly arrested. I also gave one drop in a large spoonful if mucilage every 5 or 6 hours, which promptly relieved the extreme nausea so common in bad cases of dysentery; and it is presumed the drug passed down through the small bowels, exercising its healing and antispasmodic influence over its highly irritated mucus lining. At all events, the cases I used this drug in, very soon showed signs of decided improvement in every respect, especially in the character and amount of the dejections, and the amount of inflammation of the lower bowel. I frequently used 50 to 100 drops tr. opii. with the creosote,

especially at night, to secure sleep, or half a grain of sulph. morphia by the mouth. As stimulants for the nervous and muscular systems I used whisky or apple brandy in doses of 1 oz every 2 hours, with a wine glassful of camphor julep the intervening hour. I used also from 3 to 5 grains sulph. quinine every 3 or 4 hours, till the evidences of congestion had passed off. Hot fomentations to the bowels were frequently resorted to, when much pain was suffered, with relief to the patient. I made it a point to feed well through the disease; chicken soup, beef tea, and mutton broth were the aliments I chiefly relied upon, in doses of one-half a saucerful or one saucerful every two hours.

For a corroboration of the above treatment, I would refer to the essay of Dr. W. T. Gairdner, physician to the Edinburgh Royal Infirmary, as reported in "Braithwaite's Retrospect," No 42, page 101. From what I have seen of the results of creosote in dysentery, I do not know that I should hesitate to use it in all stages of the disease. And I would further suggest the use of it also in those cases of inflammatory diarrhoea or dysentery accompanying those pernicious forms of fever common in this country. We found the usual treatment of dysentery to suit these fever cases, especially opium, spirits turpentine, Hope's Mixture, sulphuric acid, etc.; and analogically, one would suppose creosote, so beneficial in our remittent dysentery, would also be beneficial in those severe cases of bowel trouble connected with fever.

ARTICLE IV.

Case of Trephining—Recovery.

BY H. A. LANGDON, SURGEON 79TH REG'T OHIO VOL.

J. Taylor, an attachee of the Quarter Master's department as blacksmith, about 28 years of age, was struck by a stone on the right temple, producing a contused wound with fracture of the cranium. The scalp wound was two inches and a half, or three inches in length, below and parallel to the temporal ridge. On an examination of the wound a few minutes after

it was received, extensive fracture of the right parietal bone was found to exist near the anterior inferior angle. At this time no symptoms of compression of the brain existed, and simple dressing was ordered until further developments. In about half an hour, frothing at the mouth came on, with convulsions and complete insensibility. A few grains of calomel and a drop or two of croton oil were dropped on the tongue, which produced a marked effect by a partial return to consciousness.

After a consultation, and on mature deliberation it was deemed advisable to elevate the depressed bone immediately, it affording the only chance of a recovery, the cerebral disturbance being so great, as at times to threaten immediate dissolution. The operation was begun by making a T shaped incision, including in it the cut made by the blow, the flaps were dissected back and the bone exposed, showing extensive fracture and depression. The trephine was now applied at the upper margin of the fracture, and a portion of the bone, and as much as possible of the depression removed. The fracture, however was found so extensive, and the depression so great as to make a second application of the trephine necessary, at the inferior edge of the fracture. This being done, the remaining portion of the depression was removed, which on examination proved to be the anterior inferior angle of the parietal, joining in between the great ring of the sphenoid, and the squamous portion of the temporal bones. Some small spiculæ of bone was driven into the dura mater, yet the membranes were not extensively lacerated. These were carefully removed, and the wound closed by ordinary adhesive plaster. The patient was now put to bed, and made as comfortable as circumstances would admit; cold applications were ordered to the head to be changed often and cautiously applied, and a powder of calomel one grain, and antimony one-sixth of a grain, to be taken every three hours. Mercurial ointment was also ordered to be used every night and morning, inunction.

The next morning I found the patient very comfortable, has no pain in the head, pulse 76, had a good large passage from the bowels. The cold applications and the powders of calo-

mel and antimony were continued about a week, and at no time did the pulse rise over 85 a minute. As soon as the wound began to discharge pus freely, and the granulations looked flabby and pale, the powders and cold applications were discontinued, and a more generous diet allowed, as the danger of meningeal or cerebral inflammation seemed passed. The wound was now dressed with simple cerate and soon filled up with healthy granulations, and was entirely closed in five weeks. Under the influence of the mercurials, his gums had become somewhat spongy, and the teeth a little sore, yet these quickly passed away, and gave no trouble, as ptyalism was carefully guarded against. At no time after the operation did the patient have the slightest pain in the head, and the injury seemed so slight to him that it was with difficulty I could keep him quiet in bed.

Many I know, in these enlightened days, would object to the use of antimony and mercurials; yet it must be remembered this case was in a robust man, injured in the vigor of health, and the only thing to guard against was intense cerebral inflammation. Of the evils, I preferred to choose the least, and run the risk of so far depressing the patient as to prevent his rallying, rather than allow an inflammation to spring up, when I had it under my thumb. Mercurials carried to a sufficient extent, defibrinate the blood, and seem to render it unfit for sustaining acute inflammatory action. They may be given in connection with tonics, for while the one gives tonicity and solidity to the tissues, the other exerts a powerful alterative influence, which is incompatible with acute inflammation. Antimony, whilst it has some alterative action, was in this case chiefly used as a cardiac sedative, with happy effect.

During the operation considerable hemorrhage occurred, and as the injury was directly over the meningeal artery, fears were entertained that it was ruptured, but farther examination proved such was not the case. Had such been the case, the hemorrhage could have been controlled by ligation or using a compress. I prefer ligation when possible, as it permanently and effectually arrests the flow of blood, and produces less irritation and compression to the brain. Where a ligature could

not be applied, the compress would be the only resort, as no surgeon would be so heroic as to use the actual cautery.

Of the instruments used in opening the cranial cavity, I believe the conical trephine, as safe as the mallet and chisel; and with it the operation can be more readily performed. Still great care must be used with either of these instruments, but the recovery of the patient mainly depends on the after treatment, which of course will be varied in different cases.

ARTICLE V.

Excision of Head of Humerus

BY CHARLES J. KIPP, SURGEON U.S. VOL.

I. S., aged 33, sergeant 2nd, Mo. Inf't., was wounded by a conical ball at the battle of Chickamauga, September 19, 1864. The ball entered at posterior aspect of right shoulder joint passed directly through it and made its exit anteriorly. Patient was admitted to Hospital No. 1, Nashville, Sept. 25th, 1862.

Symptoms on admission:—Shoulder much swollen, hot and exquisitely tender. Upon examination of the wound it is found that the head of the humerus is fractured and extensively comminuted near surgical neck. Patient's general health is fair. Ordered ice to the wound, nourishing diet.

Oct. 2d—Inflammation is subsiding; profuse discharge of pus. Continued ice application and inject 1 oz. of the following solution into the wound three times daily: *R.* Sol. permanganate salts *ʒi.* aqua *Oij.*

Oct. 4th—Patient is doing finely; wound is discharging laudable pus. Upon consultation it was decided to continue an expectant treatment. Ordered ale Oss. daily; continued injection of sol. permanganate salts.

Nov. 7th—Patient has been doing well up to date, but now the shoulder is again tumefied, of a whitish glassy appearance, and very painful; the discharge is thin, very fetid and profuse. Patient is somewhat emaciated but his health is still tolerably good. It was decided to operate, as several large spiculæ of

bone required removal. A straight incision of about four inches in length was made over anterior aspect of joint down to the bone. Head of bone was found partly absorbed; loose in glenoid cavity. Shaft of humerus was fissured and necrosed for about one and a half inches; capsule of joint and long head of biceps were lacerated; the muscles surrounding the joint were glued together. Large fragments of bone were found imparted in surrounding soft parts and were with great difficulty extracted. Removed two inches of shaft with chain saw. Had no difficulty in taking head out of glenoid cavity. Used chloroform and patient reacted promptly. There was but very slight hemorrhage. United the lips of the wound by silver sutures; introduced an India rubber drainage tube to the bottom of the wound, and ordered application of ice to the shoulder; nourishing diet.

Nov. 19th—Inflammation is subsiding, and the wound is suppurating kindly.

Dec. 1st—Patient continued to improve till to-day. Diffusive inflammation has attacked the entire shoulder, and the discharge has almost ceased. Ordered the continuation of ice applications, and a good nourishing diet.

Dec. 7th—Diffusive inflammation is disappearing, suppuration is re-established; continue treatment.

Dec. 16th—Wound has closed; patient's health fair; ordered passive motion.

Jan. 15th—patient is now in as good health as he was before the receipt of the wound; has already pretty good use of his arm, and there is every prospect that if the passive motion is continued he will have a very useful arm. The shoulder presents a dislocation downwards of the head of the humerus, and the right arm is about one inch shorter than its fellow.

Proceedings of

Proceedings of the Wayne County Indiana Medical Society.

Reported by W. V. WARING, Secretary, Richmond, Ind.

RICHMOND, July 7th, 1864.

Pursuant to a call for a meeting of the physician's of Wayne County, for the purpose of organizing a Medical Society, Drs. Hibberd, Kersey, Fisher, Woollen, Waring, Haughton, Tennis, Francisco, Harrman, Pennington, Personett, N. Johnson, L. Johnson, McConnell, and Robins assembled in Henry Hall at 10 o'clock A. M., and organized a meeting by calling Dr. N. Johnson to the chair, and appointing Dr. Waring Secretary.

No quorum being present to represent either of the original County Societies, after free intercourse of opinion, it was decided to organize a *new society*.

On motion of Dr. L. Johnson a Committee was appointed to report to an afternoon session a Constitution and By-Laws.

Present at the afternoon session in addition to the list of this morning, Dr. Wains, and Purviance. The Committee produced a Constitution and By-Laws, which were read and after some discussion adopted.

An election for permanent officers was now held, which resulted as follows: President, Dr. Pennington; Vice President, Dr. Kersey; Recording Secretary, Dr. Waring; Corresponding Secretary, Dr. Haughton; Treasurer, Dr. Woollen; Censors, Drs. Hibberd, Fisher, and Purviance.

The following Committees were appointed: Dr. Haughton, on Obstetrics, to report in October; Dr. Harrman, on Epidemics, to report in January; Dr. McConnel, on New Diseases and New Remedies, to report in April. Dr. L. Johnson was appointed Essayest, and Dr. Harris Alternate.

On motion, the Society adjourned to meet October 6th.

October 6th, 1864.

The Society met in Henry Hall at 11 o'clock A.M.

Present, Drs. Pennington, Kersey, Hibberd, Waring and Harriman.

On motion of Dr. Hibberd, the order of business of the Wayne County Medical Association was adopted as the order for this Society.

The minutes of last meeting were read and approved.

On motion of Dr. Kersey, the Society adjourned until 1½ o'clock.

2 o'clock P. M. The Society met. Present, in addition to the list of this morning—Drs. Fisher, Haughton, Personett, Francisco, and McConnell.

Dr. Haughton, Committee on Obstetricy, reports, owing to sickness in his own family, together with his usual professional duties, he had been prevented from completing a paper which he had proposed to read at this meeting. The Society accepted the excuse, and on motion of Dr. Kersey he was continued said Committee. The Essayist and Alternate both being absent they were continued.

Spotted Fever.—No voluntary papers being produced, Dr. Hibberd, with the permission of the Society, read extracts from "Levick's Remarks on Spotted Fever," in the College of Physicians in Philadelphia," following with brief descriptions of cases which had occurred in his practice; fully endorsing Dr. Levick's views in regard to the varied forms and grades of this wide spread epidemic, giving it as his opinion that this *same* influence complicates a large proportion of the cases of other diseases which are met with in practice; and that to make Dr. Levick's remarks complete they should embrace this fact. Dr. Hibberd. has frequently met with a roseolous eruption in those cases—but has failed to find the *spots* which are described by writers, and which he supposes gave rise to the name of spotted fever. With the exception of turpentine Dr. Hibberd's treatment has been similar to that reported by Dr. Levick. Dr. H. gives quinine only for its antiperiodic influence, depending on alcoholic stimulants and nourishment to sustain the patient.

Dr. Haughton has met with this same form of disease, regards it as of nervous origin—has not met with the eruption alluded to by Dr. Hibberd. His treatment has been quinine, brandy, opium, camphor, carb. ammonia, and local stimulants

Dr. Personett had met with the same form of disease; his treatment had not differed materially from that reported by Dr. Haughton. Dr. McConnell had met with a number of severe cases of disease similar to those described—had been at a loss for a name for it—was disposed to call it *typhus fever*. He had seen one fatal case, in which the patient seemed to sink from the effects of gangrene, showing itself first on the fingers and finally involving both upper extremities. Dr. M. thinks a *blood poison* exists in most of those cases. He had tried various forms of treatment. Dr. Pennington, of Milton, had not seen more than one case that could be classed as spotted fever. Thought his locality particularly exempt from the epidemic in question.

Epidemic Dysentery.—Dr. Hibberd proposed that inasmuch as our community is in the midst of an epidemic of dysentery the unexpired time of the meeting be spent in comparing notes of the treatment adopted by individual members. The proposition was agreed to, and each member requested to give the outlines of his treatment of this disease.

Dr. Hibberd had seen more dysentery in the last ninety days than in all his life before. He had varied his treatment in different cases, but found no benefit from any except opium or rather morphine—which is the form of opiate he prefers—quinine to counteract any malarial influence, and alcoholic stimulants to sustain the strength. We found no benefit from astringents, nor did he find injections useful.

Dr. Fisher uses jalap and cream-of-tartar, or oil to unload the bowels, opium to allay pain, but relies mostly on *nitrate of silver*. His formula is, nit. silver grs. xx., tinct. opi. 3j., mucilage or starch 3iv. mix and inject at one time. With this treatment he controls almost every case in 24 or 36 hours.

Dr. McConnell has been in the habit of treating Dysentery with calomel, ipecac, and opium, but has failed with this treatment the present season. He had recently been using small doses of calomel followed by oil, then opium, and in some cases turpentine; had used injections of laudanum with mucilage with apparent benefit.

Dr. Haughton depends on opium to control the pain and

frequent action of the bowels ; when this is accomplished he moves the bowels with a saturated solution of sulph. magnesia or castor oil, then repeats the opium. He uses nit. silver as an injection in chronic cases, and alterative doses of calomel where there is evidence of billiary derangement.

Dr. Personett relies on opium ; does not get benefit from cathartics, nor does he think injections useful.

Dr. Kersey thinks it not likely that any two epidemics of this disease will require the same treatment—such has been his experience at least. He thinks ipecac a valuable remedy in dysentery ; generally gives it combined with opium, sometimes uses castor oil, but does not get benefit from astringents, nor from injections.

Dr. Francisco gives one grain morphine, with 4 or 5 grains of sub. nit. bismuth ; repeats often enough to quiet the bowels ; follows after a suitable length of time with oil and turpentine.

Dr. Waring seldom finds use for cathartics in dysentery. His principle remedy is opium in some form, often combined with ipecac and astringents. Thinks he has found benefit from injections of morphine in small quantities of mucilage ; has used quinine in most cases the present season.

Dr. Pennington had not varied much from the old treatment of calomel, ipecac, and opium.

Dr. Harriman uses 2 or 3 grains each calomel and opium every 3 hours for 12 or 24 hours ; then gives castor oil to move the bowels ; follows with the same quantity of opium combined with from 5 to 10 grains of acetate lead—repeats often enough to keep the bowels entirely quiet—in some cases he uses a pill containing nitrate of silver.

Dr. Hibberd remarked that in the use of opium in some form we all agreed—that his experience and observation had led him to the opinion that *opium* is *the* remedy from which we derive benefit in dysentery.

Proceedings of the Cincinnati Academy of Medicine.

Reported by C. P. WILSON, M. D., Secretary.

HALL OF ACADEMY OF MEDICINE, }
MONDAY EVENING, NOV. 21, 1864. }

The President Dr. Almy in the chair.

Syphilitic Pemphigus.—Dr. E. B. Stevens said that he had had recently under treatment a case of syphilitic papules in an infant about three weeks of age. It had been placed in the care of a dry nurse, who had noticed the first appearance of rash on the day the Dr. was called in, the child then being two weeks old. Here and there on the face, hands, and feet he found bullæ, called by the writers pemphigus; they were flat, and contained serous matter, rapidly increasing in number for three or four days, until the face, the buttocks, and scrotal region, the hands and feet, and to a considerable extent, the arms and legs, were covered with the eruption. The bullæ now exhibited their various consecutive stages of sero-purulent discharge, an inclination to scale, superficial eruptions, and drying up; about each nail on the hands and feet there was an ulcerated spot having the appearance of onychia.

The child was placed on a mild treatment consisting of mercurials and iodide of potash internally in small doses, and a glycerine lotion to the surface; and under this treatment the manifestations of constitutional syphilis came under subjection so far as the eruption was concerned, but the child's vitality was of a low grade, being deprived of its natural nourishment, and before it was a month old it died.

The doctor said he had spoken of this case as one of transmitted syphilis; and although he had been unable to procure the history of either of the parents in this regard—and hence there was an important link in this case wanting—yet he had no doubt of the character of the case; and it was very suggestive of the doctrines which are now entertained by our best syphilographers, concerning the transmission of syphilis to the fœtus in utero, and even *through* the fœtus, to the mother be-

yond. For instance the syphilitic poison may be transmitted to the foetus while in utero—from a mother who has been inoculated during pregnancy—or she may have been a subject of syphilis at some distant period anterior, and the manifestations have all yielded to treatment previous to her pregnancy, or still again the foetus may receive the poison from the father, in whom in turn the disease may be either existing, or an old lesion now in abeyance to treatment; and finally the foetus may receive the syphilitic poison through the male spermatic fluid, and in its turn transmit the poison to the mother, who will take on all the manifestations of constitutional syphilis. Such the doctor understood to be the present doctrines on this subject, and accumulating facts appear to support their truth.

For instance the case of a gentleman is stated, who had a chancre followed by constitutional syphilis; with treatment these manifestations of syphilis disappeared; and a year afterwards he married a healthy woman, and in due time she gave birth to a child with papules and general appearances of constitutional syphilis.

Mr. Langston Parker relates the history of a man who had constitutional syphilis, and as he supposed was cured. He married a healthy woman who became pregnant; about this time the manifestations of constitutional disease returned—he had sore throat, loss of hair, etc., and very soon afterward the wife took on the same series of constitutional manifestations, and at the end of the fifth month she aborted a syphilitic foetus. A careful examination of her genital organs gave no trace of chancre or any syphilitic lesion whatever.

Dr. Richardson said he had a similar case where he knew the history of the parents; he had treated the father for syphilis which he had many years before; the wife was a woman of unexceptionable character; after several years of marriage she became pregnant, and the child soon after birth exhibited itself as a case of well marked syphilis; it had a peculiar puckered condition of the mouth, which he regarded as pathognomonic of the disease, the copper colored eruption was present, etc. The Dr. said he feared the result, but gradually under

minute doses of the bi-chloride the spots disappeared, though the child remained anæmic up to the time it left the city.

Dr. McIlvaine said that syphilis in a secondary or tertiary form, had a historical antecedent; he did not think either of the cases reported were syphilitic, nor that the developments described by Drs. Stevens and Richardson prove them to be such and he would protest against the statement of a foetus in utero having secondary or tertiary syphilis and communicating it. He said such diseases of the skin as had been described, may appear as we all know, and they might be readily mistaken for syphilis. He said he was well acquainted with a gentleman who had well marked syphilis, attended with chancre and a suppurating bubo; subsequently to his recovery he married, and is now the father of six as fine healthy children as are to be found in the county.

Dr. Richardson said in his case the eruption was essentially different from the one reported by Dr. Stevens; but he thought Dr. Stevens knew and could diagnose a case of syphilis; but in his own case which Dr. McIlvaine had seen fit to criticize he *knew* it was a case of syphilis, for he had attended many similar cases during a practice of twenty-five years. In the past two weeks he had met a gentleman who had had primary syphilis, during which stage he had no intercourse with his wife, and was treated for it while absent from the city. On his return he was treated by Dr. R. for secondary syphilis as manifested by eruptions, throat symptoms, falling out of the hair, &c., and to all appearance seemingly recovered. He now cohabited with his wife, and she has been of late under treatment for secondary syphilis with the same symptoms her husband had had. The father of the child first spoken of was treated three several times by Dr. R. for secondary syphilis before the impregnation of his wife, and twice afterwards; each time the disease yielding to the treatment and apparently disappearing, and the eruption of the child was unmistakeable, the squamous appearance of the eruption, and the peculiar puckering of the mouth leaving no doubt as to the nature of the case.

Dr. Stevens said in reply to the remarks of Dr. McIlvaine,

he had no doubt either of the antecedent history of secondary and tertiary syphilis; but the very question now at issue was whether constitutional syphilis was communicable alone through the intervention of a primary lesion; recent facts seemed to be accumulating, certainly, in support of the opinions which he had quoted in connection with the case he had already reported. He did not present that case as a very strong proof of the doctrines he had enunciated, but only as suggestive. Neither is it claimed that all offspring of syphilitic parents necessarily inherit the vice of the father or mother, but that they may do so, and that such is the reasonable explanation of many singular phenomena frequently presenting themselves to our notice. Another doctrine in syphilis is the duality of the poison; that a soft chancre, or more explicitly expressed now, the *chancreoid*, may be very extensive, burrowing, obstinate in healing, accompanied by suppurating bubos, but at the same time only a local disease like gonorrhœa; while the true Hunterian *chancre* which alone is productive of constitutional vice is generally superficial, speedily subdued as a local lesion, and not accompanied with suppurating bubos; this distinction probably accounts for the illustration given by Dr. McIlvaine, and accounts for the immunity of the children from inherited vice.

Dr. Tate said there are certain facts well ascertained and which cannot be doubted of the syphilitic infection of mother and child from the male germ. The first case of syphilitic pemphigus he had ever seen was shown him by Mons. De Paul, of Paris; the eruption there manifested itself on the feet; and all writers have mentioned that this is the point where it first appears; he had never seen it extend so much over the surface, as in the case reported by Dr. Stevens. No longer ago than last winter at the Commercial Hospital, a child was infected while in utero; pemphigus appeared on the feet, and the rest of the body had a scalded appearance; the skin looking as if it could be removed by the mere rubbing of the hand; he had never seen the puckering of the mouth, but the onychia was very common. In this case the mother of the child had a chancre while in the hospital and so the case was easily

accounted for. He thought it a fact well known that the seminal fluid of a syphilitic man can be conveyed in the womb affecting the foetus, and sometimes the mother; and he did not see why this might not be theoretically, as well as appears from facts.

Dr. E. Williams said in regard to syphilitic iritis, he had treated it locally, and with few exceptions had cured it by topical treatment, and this coincides with the views of some, that syphilis subsides of itself; that under a change of temperature, diet, &c., the spots disappeared, as well as all the tangible evidences; the same persons hold that the disease subsides but is never cured, and reproduces itself. *Dr. W.* said he had treated syphilitic iritis and the patient would recover and appear to be perfectly well, and yet a relapse would occur. In two cases of infantile syphilis he had seen the sun-fish puckered mouth referred to by *Dr. Richardson*; one of these children had ulceration of the cornea, with a syphilitic eruption about the mouth, the skin around which was cracked and ulcerated. Perceiving the condition of the child, he gave it minute doses of mercury, and afterward iron, under which treatment the child improved. The ulcer on the cornea being hard and sluggish, he touched it with a fine point of nitrate of silver—which, however, is a dangerous practice and never should be used in the case of an acute ulcer, and at the best is apt to prove injurious.

Dr. Fries remarked that he had seen the puckered condition of the mouth and regarded it a valuable symptom. He alluded to a statement of *Dr. Gross*, in his work on surgery, that he had been successful in numerous cases with the iron treatment.

Dr. Williams said during the past two years the European journals had advocated the use of iron in syphilitic cases.

Dr. Bruen said that in regard to the iron treatment, it was based on general principles for its tonic effect, and it is not a specific remedy; thought many cases of syphilis would recover if left to themselves; it is well known that the syphilitic cachexia at the same time it effects, it also weakens the constitution, and the person so affected becomes liable to many dif-

ferent diseases—even to pneumonia—which has improved under treatment with syphilitic remedies. He had no doubt Dr. Stevens' diagnosis was correct, but he must state that pemphigus, unless pemphigus malignia, which is very livid, very much resembles syphilis, the brick dust color being like the syphilitic eruption; he had seen many such cases improve treated on general principles.

Correspondence.

Letter From Indianapolis.

INDIANAPOLIS, Nov. 11th, 1864.

DEAR LANCET:—The hot, dry summer with its pestiferous and pernicious influences, and its accompanying tedious and perplexing labor for the doctor, has at length given way to autumn's frosts, and brings the longed for boon of repose to the weary practitioner, and once more we can throw ourselves into our study chair and lose ourselves in the rich old books, and new ones too, which have lain neglected for months past on the office study, and again we trim our quill to answer the heaps of almost unmolested letters, and to write down the imperfectly remembered cases from our dim-penciled note book.

Our first indebtedness is to you *Dear Lancet*, and we make no further apology; you must pardon us if we are more friendly than scientific; we must be natural; we always heartily welcome your very suggestive greenback into our lock-box, (would that *greenbacks* came oftener there) and we peruse with delight your inner-self. But you would be professional and ask "how does Indianapolis?" and knowing you do not mean *how* about our street railroads, or politics, or improvements, civil or military, I answer, "Indianapolis is well," i. e., she has many physicians masculine, feminine, and neuter, and all have as much to do as they deserve. The *regulars* are hard pushed by the quacks, who are talking of founding and funding a college, and some of the regulars are whispering something about a State Institution.

The *Indianapolis Medical Association* is again in running order, and it is hoped that during the coming winter, it will please the older but more cautious members of the profession to come in and aid us with their learning and zeal ; although many of them do countenance the Association, yet important public offices and Government contracts take what little time remains from their large private practice.

The health of the city is improving, we have had much typhoid malarial fever, or as a friend remarked, "most of the cases are typhoid without fever," and hang on for a long time, jaundice following, or with most of the cases. We have two hospitals here, one of which has been transfixed from a State Military Hospital to a U. S. Hospital, under the supervision of Dr. Kitchen, Act. Asst. Surgeon, U.S.A., and an able corps of assistants. The other is the Prison Hospital at Camp Norton. The Hospital and the sanitary condition of the Prison is under the direct control of Chas. J. Kipp, Surgeon U.S.V., and by his superior abilities he has raised the Hospital from a sink hole of filth, death and bad management to the most perfect order and comfort, being equal (so far as prison buildings will permit) with any hospital in the country for neatness, regulation, diet, hygienic management and medication. A neat dead house and post mortem room with every appliance for study of pathology, shows that a thirst for knowledge and a willingness to labor exists on the part of the medical officers.

We must close, *Dear Lancet* ; we hope only to write again before we wish you a Merry Christmas.

Reviews and Notices.

A System of Surgery: Pathological, Diagnostic, Therapeutic and Operative.
By SAMUEL D. GROSS, M.D., Professor of Surgery in the Jefferson Medical College of Philadelphia; Surgeon to the Philadelphia Hospital, etc., etc. Illustrated by over Thirteen Hundred Engravings. Third Edition much Enlarged and carefully Revised; in Two Volumes. Philadelphia: Blanchard & Lea. 1864.

It has been our pleasure and privilege to notice the first and second editions of this "System of Surgery" as they have appeared from the press; and we only express our sense of propriety when we say we are glad to record this appreciation of a truly excellent work which so speedily demands a third edition. In the mean time the favorable opinions which critics abroad have so cordially pronounced is grateful to our national pride, and must be especially so to the feelings of the author: and while the periodical press of England and America have with great unanimity ascribed to Dr. Gross high encomiums for the elaborate completeness of his work—another compliment in the shape of a translation into the Dutch language, is still an additional source of gratification to the author. In his preface to the present edition, Dr. Gross acknowledges his appreciation of the kindness of friends, and the profession at large, which has served to stimulate increased exertion to render the work still more useful as a faithful exponent of the existing state of the art and science of surgery.

He remarks: "Upon the edition now issued upwards of two years and a half of arduous labor have been expended; every chapter has been thoroughly revised; the text has been augmented by an amount of matter nearly equal to two hundred pages; and a considerable number of new wood cuts nearly all expressly prepared for the purpose, have been introduced; many portions have been entirely re-written, and every effort has been made to condense the language; while an enlargement in the form of the work has prevented an increase in the number of pages."

Having already, in former notices of this work, expressed a very favorable opinion of its completeness, we have little to add in commending this new edition to the regards of our

readers. We have examined these new volumes before us—beautiful in the artistical finish which the printer, and engraver, and binder has given to them—with considerable care and a good deal of interest. There is no new arrangement, the general plan of the original work is rigidly preserved; the author has mainly aimed to correct past deficiencies and oversights, and bring up the progress of surgical science.

It can scarcely be supposed, we presume that this is a strictly original work; the author himself would not wish us to attribute this character to his labors. A large portion indeed may now be regarded as the result of editorial labor; and as a teacher and practitioner of surgery, for perhaps a third part of a century, Dr. Gross has industriously absorbed the floating and progressive materials of his department, and to a great degree has made them in this manner his own. These large volumes are the result of this sort of process; they give the observations, experience and opinions of the author, and at the same time bring up the vast domain of contributions from respectable authority; and all this great mass of matter has passed under his personal supervision and becomes thus moulded into one homogenous whole. All comprehensive treatises are necessarily subjected to this process of creation, and we can not see the force of this as an objection to the work before us. We mention it because such criticism has been uttered. At the same time however, as we have already remarked, this "System of Surgery" has received the very general and hearty commendation of surgeons and surgical critics, both in this country and abroad.

For sale by Rob't. Clarke & Co. Price \$15.

A Manual of the Practice of Medicine: By THOMAS HAWKES TANNER, M.D., F. L. S. Member of the Royal College of Physicians, Assistant Physician for the Diseases of Women and Children, in King's College Hospital, etc., etc. From the last London Edition. Enlarged and Improved. Philadelphia: Lindsay & Blakiston, 1864.

This little book by Dr. Tanner has been on our table for some time, and we have taken it up frequently, consulting its pages here and there upon various topics. It is a very good little book of the kind; it is simply a condensed outline of the

practice of medicine, as observed by the best practitioners of the day. We are not partial to manuals of any kind in our professional studies—though many, as we are well aware, differ with us and regard them of great convenience; for all such we can very heartily commend this little compend by Dr. Tanner. Such a work as the present scarcely belongs to the class of books which may be legitimately reviewed or analyzed; as we have just said it is a condensed outline of the views and practice of the best authorities, and adopts for its arrangements the following very convenient plan: Part I. General Diseases; II. Fevers; III. Diseases of the Nervous System; IV. Diseases of the Organs of Respiration and Circulation; V. Diseases of Organs of Digestion; VI. Diseases of the Liver, Pancreas and Spleen; VII. Diseases of the Peritoneum, &c.; VIII. Diseases of the Kidneys, &c.; IX. Diseases of the Skin; X. Diseases of the Eye; XI. Diseases of the Ear; XII. Diseases of Bloodvessels; with an Appendix of formulæ, &c.

For sale by Robert Clarke & Co. Price \$2.50.

A Manual for the Medical Officers of the United States Army: By Chas. R. GREENLEAF, M.D., Assistant Surg. U.S.A. Philadelphia: J. B. Lippincott & Co. 1864.

The remarkable expansion of our army medical corps, resulting from the sudden demands of the present civil war, have brought into the service, of necessity very many medical men who are as yet but slightly familiar with the routine of their duties; a due study of the army regulations, and the orders of the several departments will generally suffice to guide the medical officer in his duties; nevertheless the successive orders, have often so conflicted in their provisions, and some simply do away with previous orders, that the officer who has a limited experience, is often sadly bewildered. Mr. Grace, of Washington City, has recently prepared a little manual giving a complete republication *ad seriatum* of the orders and circulars of the several departments, of interest to the army surgeon. This will prove a very valuable and convenient little book of reference. We now have the little book before us whose title is given above. It is compiled and arranged by our former townsman, Dr. Greenleaf, now Assistant Surg. of the United

States Army. It is very satisfactory, and the author deserves the thanks of medical officers for the excellent manner in which he has performed his task. Its arrangement is as follows; Chapter first treats of *General Hospitals*—embracing directions for the various daily, weekly, monthly, and annual reports, muster rolls, pay rolls, &c., &c., with general details of hospital arrangement; such as Descriptive Lists, Furloughs. Separate chapters give sufficiently full details of the duties of the Medical Inspectors, Medical Directors, and Medical Purveyors. Chapter V. gives the duties and indicates the general orders affecting Staff Surgeons, and Assistant and Regimental Medical Officers; Chapter VI. gives the directions for making contracts with private physicians, and their duties, their accounts and how rendered. Chapter VII. gives directions for preparing the various papers concerned in discharge from service. These directions embrace also some note of pensions, bounties, clothing, accounts, final statements, &c., &c.

Any Medical Officer of ordinary experience in executive duties especially will readily understand how useful such a manual must be—and as it refers on almost every page to orders of the Surgeon General, War Department, and General Regulations, the little manual of Mr. Grace, already alluded to, and which embraces most of these orders, is also an important companion. We commend the two together.

For sale by Rob't. Clarke & Co.

Outlines of Surgical Diagnosis: By GEORGE H. B. MACLEOD, M.D., F.R.C.S.E., Author of "Notes on the Surgery of the War in Crimea, etc., etc., etc. First American Edition; Reprinted from advance sheets. New York: Bailliere Brothers, 420 Broadway, 1864.

Macleod's *Surgical Diagnosis* is a book which we cordially commend to the attention of our readers, as worth buying and reading. We have examined it with a great deal of pleasure and satisfaction.

In his introductory remarks Dr. Macleod quotes the old aphorism "Qui Sufficit ad cognoscendum, sufficit ad curandum!" and if it is not absolutely true, its corollary is certainly most forcible and universal in its application—that no one is fitted for curing disease who is not able to distinguish it.

With the regular progress of medicine and surgery, the study of diagnosis is becoming more and more recognized in its importance; and few of us, we suppose, fail to realize that we have few duties imposed upon us as physicians and surgeons, that are more anxious, and occasionally more difficult than to discriminate the precise nature of the affections submitted to our care and investigation. So far as surgical affections are concerned we think this work will materially assist in the performance of these grave duties.

The first sixty pages of the book is taken up with the general subject and the best mode of conducting the examination of a case; the sources of our information, and the most convenient mode of pursuing our inquiries. In this connection is embraced a resume of the various instruments employed in the investigation of surgical disease; chemical tests; and the effects of remedies. For the practical application of these general principles we have next a consideration of the principal surgical accidents and diseases arranged in alphabetical order; as, abscess, aneurism, aphonia; bladder, bone, etc., etc.

The remarks of the author upon the various topics embraced in his plan are very clear and expressed with precision and force. Upon some of them he is especially satisfactory and definite; as for instance his chapters upon that very important group of surgical injuries, dislocations and fractures, their diagnosis is arranged with elegant system, and at the same time brevity; so too, if we may still further distinguish, are the chapters on Hip-joint Disease, and Ovarian Dropsy.

For sale by booksellers generally. Price \$5.

Therapeutics and Materia Medica: A Systematic Treatise on the Action and Uses of Medicinal Agents, including their Description and History. By ALFRED STILLE, M.D., Professor of the Theory and Practice of Medicine in the University of Pennsylvania, etc. etc., etc. Second Edition Revised and Enlarged. In Two Volumes. Philadelphia: Blanchard & Lea. 1864.

The greater portion of the new medical books laid upon our table of late are fresh editions of old, and for the most part, well known works. Four years ago we presented for the favorable consideration of our readers a new work on *Materia Medica* by Dr. Stille, now *Professor Stille* of the University of

Pennsylvania. The two large and rather elegant volumes before us constitute its second edition.

In the preface to the second edition the author remarks, "The approbation of the profession has encouraged him to render it still more worthy of favor, by a thorough revision, and by incorporating into it whatever appeared to constitute a real advance in therapeutical knowledge. The nomenclature of the *Materia Medica* and the formulæ for officinal preparations have been made to conform to the recent edition of the *Pharmacopœa*, while a few medicines of minor importance contained in the first issue have been omitted. On the other hand, several new Medicines have been introduced, and to almost every article important additions have been made. These in the aggregate amount to more than one hundred pages. The bulk of the work has not however been increased; on the contrary, by a new typographical arrangement, it has been considerably reduced. The indexes have been prepared entirely anew, and it is believed will be found to be more copious, as well as more systematically arranged than in the first edition." This quotation from the preface very well indicates the revision which has been made over the first edition; and a somewhat hasty review of the volumes before us gives sufficient evidence that these promises of the author have been satisfactorily fulfilled.

We have heretofore expressed our view of the present system of *Materia Medica* as rather suited to the practicing physician than the student, if such a distinction is to be observed; by which we mean to express our idea, that it is more a work of reference and consultation than of elementary study. As a work of scholarship it certainly ranks with anything our Medical authorship has produced in this country, unless we except that book of wonderful learning "*Paine's Institutes*;" the literature of *Materia Medica* is especially full, and will render it a most acceptable work to medical scholars every where.

For sale by Rob't. Clarke & Co. Price \$10.

Editor's Table.

A New Year.—Before this number of the *Lancet and Observer* reaches our readers, we shall have already entered upon the responsibilities of another year of Grace, and the seasons for greetings will have passed; yet we shall be permitted, doubtless, to renew them with our friends, and hereby extend the hand of fellowship afresh. Our sincere good wishes go out to each and every one for their happiness and prosperity during the year 1865. Death is abroad in the land—during the past year which has just closed, many worthy brothers closed their eyes in their last sleep; we trust their earthly and professional work was done and complete; we trust that the cares of life with its angry conflicts, and vexatious trials, my dear brothers, will not be sufficient to blind us who are left behind to the necessity of keeping our balance sheet ready for settlement with the Master, when he closes up our service.

With these customary salutations, the readers of the *Lancet and Observer* will accept our acknowledgments of past courtesies and continued kindness—as we enter upon this new year, subscribers old and new are forwarding their remittances with unusual promptness, and almost universally accompanied with brief messages of good wishes and pleasant regard. We cannot respond individually to these friendly messages, but we take this occasion to express to one and all, our appreciation of them, and our earnest purpose to labor for continued approbation and support.

Commercial Hospital—*Dr. Foote.*—Prof. Blackman having resigned his position as one of the surgical staff of this hospital, at a recent meeting of the Board of Trustees, the vacancy was filled by the appointment of Dr. H. E. Foote. This is a good appointment; Dr. Foote had a thorough surgical training by his relative, Dr. Shotwell, but has not cultivated this department of his profession. He has just finished three years of service as surgeon in one of our Ohio Regiments, and we are gratified to record this very worthily bestowed compliment on his return to our city. The surgical staff of the old Commercial is now entirely disconnected from any of the schools, and consists of Drs. Thomas Wood, W. H. Mussey, and H. E. Foote.

In this connection we regret to observe a disposition in some quarters to cultivate animosities for and against the Hospital. In a great growing city like ours, there will be a constantly increasing necessity for various hospital accommodations, and all hospitals general or special where clinical advantages can be afforded, add to the interest and attractions of our city as a medical centre. All those therefore, who are directly or indirectly interested in medical teaching in our city, we think should labor to harmonize all our public medical institutions for a common good. It is not a question of which, for the time being, affords the best clinical advantages to students, but what interchange of courtesy shall throw all the clinical advantages of our city open to students who are here for their winter course. We may rest assured that any contracted or jealous policy amongst ourselves will be of no individual or factional benefit, and will merely serve to cripple our professional enterprises.

Introductory Address.—The address of Prof. Parvin, Introductory to the regular course of the Medical College of Ohio has been laid upon our table. The subject is "The Blood." We gave a passing notice of it at the time of its delivery. We regret to notice that these public occasions, introductory to courses of medical instruction, introductory to clinical lectures, and the like occasions of general professional interest are so generally ignored by the mass of our active professional brethren. If we would build up our Medical Institutions we must look after them, and manifest our lively interest in them. If we permit our Colleges and Hospitals to go by default we can scarcely complain if they fail to come up to our standard of excellence and enterprise. Individual attention to our public institutions, requires sometimes a sacrifice of ease and sometimes of business, but the cultivation of their interests will often require such efforts. We are led to these remarks from having it called to our remembrance by this printed address, that while there was a fine attendance of students at the delivery of the address, there seemed to us a very modest show of old familiar faces of the brethren.

Collections of Medical Photography.—We select the following paragraph from the last number of the *London Lancet*. We suggest that photographic artists and publishers in this country might take a suggestive hint and do well for themselves as well as confer a favor by making similar collections. We have a very imperfect private col

lection of photographic cards of medical friends which we prize now very highly ; the value will increase with passing years, and groups and album collections of distinguished American physicians and surgeons would be a pleasant souvenir to keep :

MEDICAL PHOTOGRAPHS.—The practice of forming collections of *carte de visite* portraits of men eminent in any and all departments of science, of art, and of literature, is still largely on the increase ; indeed, if it were necessary to describe the speciality of the last decade of years, it might perhaps be better characterized by being defined as a “ photographic period ” than by another phrase. The invention of the “ *carte de visite* ” is one of the great ideas of the time : everybody wants everybody else’s photograph, and for every conceivable reason ; those of medical practitioners are in especial demand among their friends and patients. Indeed, there is no other small souvenir more agreeable. On forming collections of portraits of men eminent in particular profession, or banded for special objects, new interests of association are added to those of a more personal character. Hence has arisen lately the plan of photographing the collective members of the various hospital staffs, the Councils of the Colleges and Societies, the members of the Medical Council, and others eminent in the profession of medicine and surgery. We noticed lately an admirable series of portraits of the members of the Medical Council by Mr. G. R. Fitt, of 100, Regent Street ; and that accomplished photographer, formerly a member of our own profession, has forwarded us an additional series of portraits, of great beauty of execution, and presenting lifelike resemblances. They include Mr. Fergusson, Dr. Burrows, Mr. South, Dr. Babington, Dr. Edward Smith, Mr. W. H. Flower, Mr. Waterhouse Hawkins, Mr. Curling, Mr. Wordsworth, Sir. Ronald Martin, Mr. Ernest Hart, Mr. Henry Smith, Professor Miller, and Mr. Belfour, the venerable Secretary of the College of Surgeons, the latter being of necessity taken in his own drawing-room. It is perhaps, no small testimony to their excellence as portraits that we can name all of them in succession at the first glance.

MEDICAL COLLEGES.—The annual commencement of *Dartmouth Medical College* took place October 28th, 1864 ; the annual address was delivered by Dr. J. P. Bancroft, Superintendent of the New Hampshire Medical Society. There were eighteen graduates.

The *Berkshire Medical College* held its annual commencement recently, at which time sixteen gentlemen graduated.

Long Island College Hospital.—We call attention to the card of this excellent school, which gives its regular session commencing Thursday, March 2nd, proximo.

Castleton (Vermont) Medical College, has been sold, and will be a Medical College no longer. In the past this school has graduated a

large number of young men into the ranks of the regular profession.

Medical Department—University of Mich.—We have sometime ago noticed the fact, that the Regents of this institution had erected a new building for purposes of medical teaching at a cost of about \$25,000. It has lecture rooms capable of holding about 500 students. From a correspondent at Ann Arbor we learn the class numbers 415 matriculants. We suppose this to be one of the largest classes which has ever assembled west of Philadelphia. There are some objectionable features in the school at Ann Arbor, which would seem to be a permanent barrier to its ever becoming a first class medical college, notwithstanding its present remarkable class of this winter; of these we may mention its lack of clinical advantages. On the other hand, its lengthened term of six months, gives students fine opportunities for study, for practical anatomy, and for the pursuit of practical chemistry and pharmacy.

The College of Physicians and Surgeons, N. Y.—We understand the class in this school numbers near 300. At *Bellevue Hospital Medical College* the class is about the same. *The University of New York Medical College*, has about 200.

LITERARY EXCHANGES.—*The Atlantic Monthly* for January enters upon a new volume, with promise of more than sustaining its well established reputation as the leading Literary Magazine of America; Bryant, Longfellow, Holmes, Lowell, Hawthorne, Whittier, Mrs. Stowe, and Bayard Taylor are amongst the brilliant list of contributors for the present number. The price of the *Atlantic* has advanced to \$4. The *Lancet and Observer* and *Atlantic* for \$6.

Godey's Lady's Book.—The number for January is at hand and fully keeps up its old standard. The ladies of our household have an old established regard for this favorite monthly. Its engravings are really worth the subscription price, and for those interested, the patterns, designs, fashions, and all that etcetera are unequaled. The reading matter is fair, some of it very good, but all might be improved. The price still continues to single subscribers \$3. a year; but is slightly advanced to clubs. The *Lancet and Observer* and *Godey* for \$5 50.

Harper's Monthly Magazine, has failed to reach us, for two months, yet we are pleased to note that it continues its old attractive character unchanged.

A New Book.—Prof. S. G. Armor, of Ann Arbor Medical College, we learn is engaged in the preparation of a small work to be known as the *Essentials of Materia Medica*. We suppose it is designed as a class book for students, especially of the University of Michigan, and a sort of syllabus of the author's course of lectures.

Merited Distinction.—We have much pleasure in learning that Dr. Marion Sims, of New York, who, during the last two years has been resident in Paris, owing to the political convulsion of his country, and whose able contributions in Uterine Surgery are now in course of publication in our columns, has received from the Emperor of the French the knighthood of the Legion of Honor, in recognition of his eminent services to surgery, and his skill and success in his particular department of practice.—*London Lancet*.

Correction.—In the article on "Diphtheria," by Dr. W. S. Hammond, published in a recent number of this journal, he is made to recommend the use of the *chlorides* of lime, soda, and potassa, when it should have read *sulphites*.

Complimentary Dinner to Prof. Pope, of St. Louis.—Dr. Charles A. Pope, the well known Surgeon of St. Louis, having arranged to go to Europe on a professional and pleasure trip, his friends took occasion to compliment him with a banquet. It seems to have been a genial meeting, accompanied with the usual amount of toasts, speeches, and pleasant good feeling.

Army Medical Intelligence.

Deserved Promotion.—Major Charles S. Tripler, Medical Director of the Northern Department, has been promoted to the rank of Colonel in the regular army. Col. Tripler is one of the oldest medical officers in active service in the army.

The late Battles before Nashville.—Col. Tripler, Medical Director of the Northern Department, sent twelve commissioned medical officers, and twenty act. asst. surgeons to Nashville, for duty, immediately after the recent battles at that vicinity.

Tripler United States General Hospital, has been recently opened near Columbus, under the charge of Surgeon S. Shultz, recently of Chase General Hospital. Dr. Shultz will now act as Supt. of General Hospitals, at Columbus and vicinity. Seminary Hospital in Columbus, will be continued, as heretofore, and Chase General Hospital, is merged into Tripler Hospital. The new Hospital will accommo-

date six hundred beds; on its opening three hundred patients were forwarded from Camp Dennison.

Surgeon Wm. McDermont has been relieved of office in the hospital at Louisville, Kentucky, by Surgeon Clendenin, so long Assistant Medical Director at Nashville, and ordered to Camp Dennison, of which hospital he has already taken charge.

Dr. Phelps will be retained at Columbus on the Board for the examination of drafted men and recruits. This is eminently proper, as Dr. Phelps has been in the field since the commencement of the war.

Surgeon Varian, late of Camp Dennison Hospital, will relieve Surgeon Perrin, at Evansville, Indiana.

Instructions have been received from the Surgeon General, U. S. A., to discontinue examinations for hospital stewards, as there are already a sufficient number on duty for the wants of the service.

The hospital stewards of the United States Army have lately held meetings and have resolved to ask for an increase of their rank to that of Brevet Second Lieutenant of Artillery, the grade next after graduates of West Point Military Academy. This is but justice, and should be granted to this hard-working and badly paid grade of officers. We hope Congress will favorably consider their petition.

Surgeon L. S. Holden, United States Army Medical Director and Purveyor, at Chicago, has been relieved by I. V. T. Blaney, United States Volunteers. Surgeon Holden is ordered to proceed to Annapolis, Maryland, as member of the Army Medical Board, at that place.

Surgeon Norman Gay, United States Volunteers, having returned from temporary duty at Nashville, has resumed charge of Marine Hospital in this city.

Assistant Surgeon E. Saal, United States Volunteers, in charge of Seminary Hospital, at Columbus, Ohio, has also been ordered on temporary duty at Nashville.

Surgeon S. S. Shultz, Superintendent of Hospitals at Columbus, Ohio, has been empowered by Col. C. S. Tripler, Medical Director of the Northern Department, with full authority to admit soldiers furloughed from other hospitals, who are permanently disabled, to hospitals in Columbus and vicinity.

The Secretary of War has authorized the payment of \$125 per month to all Acting Assistant Surgeons, United States Army, on hospital transports or trains.

Marine Hospital—(Cincinnati.) We have not seen any order to that effect, but learn, unofficially, that the Marine Hospital of this city, is to be converted, hereafter, into an exclusive Eye and Ear Infirmary. This is in accordance with the policy heretofore pursued by the Surgeon General, of grouping special diseases in special hospitals. Dr. E. Williams, well known to the readers of this Journal—is Eye and Ear Surgeon to the Marine.

Ophthalmological Department.

EDITED BY E. WILLIAMS, M.D., CINCINNATI.

Inoculation and Syndectomy.

By GEORGE LAWSON F.R.C.S., Assistant Surgeon of the Royal London, Ophthalmic and Middlesex Hospitals.

The number of cases of severe granulation of the lids, accompanied with vascular corneæ, which have been treated by the inoculation of purulent matter at the Hospital, a short account of which, by Dr. Bader, appeared in the last number of the Ophthalmic Hospital Reports, prove indubitably the success of this line of treatment. It is, however, necessary that the disease should be sufficiently advanced before such a mode of dealing with it can with safety be resorted to. The greatest success has resulted in those cases, where the lids were not only severely granular, but where the whole cornea was completely vascular, semi-opaque, thickened, and the pupil scarcely visible; where, in fact, there was little if anything to lose, and all to gain. Such eyes will bear strong purulent matter, as the yellow pus from an infant with purulent ophthalmia, whose mother may have suffered from gonorrhœa, and after a rather long course of suppuration, will almost invariably recover, and good useful sight will be regained.

In the treatment of granulations by inoculation, much discrimination is required in the selection of cases, and in the quality of the pus which should be used.

It is best that the pus should be always in the first instance taken from the eye of an infant suffering from purulent ophthalmia, as it seems to me, that although gonorrhœal matter may in extreme cases answer very well, yet there is always a certain amount of risk as to its purity, whether some syphilitic virus may not accompany it, for since a chancre in the urethra is occasionally associated with gonorrhœa, it is difficult, if not impossible to say, that the patient from whom the matter is derived, is free from it. I prefer for this reason always to take it from the child.

The strength of the pus with which you wish to inoculate may be judged of: 1st, by the color, and 2nd, by the severity and duration of the inflammation which it has excited in the eye from which it is taken. The yellow pus is always more active than the whitish discharge so commonly seen. Again, the period of the disease at which the pus is taken influences materially the amount of inflammation and suppuration it is capable of setting up. Pus from the eye of an infant in the early and most acute stage of purulent ophthalmia, will produce much more serious effects than that taken from the same eye at a

later period of the disease, after it has undergone some treatment, and is on the decline.

Another point of practical importance is settled by the experience of the hospital.

Pus fresh from the eye of an infant gives rise to a more moderate suppuration with less oedema of the lids than when taken from an eye which is suffering from inoculation. The strength or virulence of the pus seems to increase in its travel through one or two eyes, so that if A is inoculated with mild purulent matter, the pus from A's eye will produce more intense ophthalmia in the eye of B than the original pus which inoculated A.

The most certain and effectual cure of severe and otherwise intractable granular lids undoubtedly is inoculation.

Many other remedies give great but temporary relief, and many cases, in the course of time get, to a certain extent, well; but the only remedial agent which will for a certainty destroy the granulations and leave the lining membrane of the lids smooth within a definite period of time, is inoculation.

Now, from experience we know that in the very severe forms of granulation, where the cornea has become a pannus and but little more than perception of light remains, this line of treatment is specially applicable, and that the results are most satisfactory, but in the large majority of patients who apply for hospital relief, the disease is not so advanced; and it is a question of serious moment whether it is not possible so to prepare the eye by previous treatment, that the milder cases may with safety be fitted for inoculation. This, I think, has been partially accomplished, and the cases I have now to record show that if a large portion of conjunctiva has been removed from around the cornea (syndectomy), and the eye allowed thoroughly to recover, that the operation of pus in such an eye is considerably limited. This no doubt is owing to the purulent inflammation being principally confined to the conjunctiva lining the lids, for by the operation of syndectomy, one-eighth of an inch of conjunctiva and sub-conjunctival tissue has been removed from around the cornea, so that not only is there a great diminution in the quantity of the mucous membrane on the globe which can become inflamed, but the sub-mucous tissue has also been destroyed, and a firm broad cicatrix spreads around the cornea, and serves as a barrier to arrest the extension of the suppurative action to it from the conjunctiva.

CASE I.—*Granular lids, with the upper half of the Cornea vascular, treated twelve months ago by Syndectomy, but without benefit—Inoculation—satisfactory result.*

E. R., æt. 24, has suffered from granulations of the right lid for the last four years. Twelve months ago, on account of vascularity of the upper part of the cornea, the operation of syndectomy was performed, and a broad band of conjunctiva, with the sub-conjunctival tissue, removed. She made a good recovery, and for a few weeks after, it appeared as if she was going to derive benefit from the oper-

ation; the vascularity of the cornea certainly diminished, but the granular state of the lid remained unchanged. She continued occasionally to attend the hospital as an out-patient, and used a mild astringent lotion. The vascularity of the cornea, in four or five months after the operation, was as great as before, and there was considerable photophobia. Steadily the eye became worse, and on September 17, 1863, she was again admitted into the hospital.

Her condition was then as follows.—The right lid, granular. The upper two-thirds of the cornea rough and vascular, but the lower one-third almost clear.

Sight—Able to count fingers, but not to read any type. There is great photophobia and lachrymation.

September 29th.—The eye was inoculated with mild pus from the eye of an infant who had been under treatment for purulent ophthalmia.

10th.—Twenty-four hours after the inoculation the eye began to water and the lid to swell.

October 1st.—Eyelid much swollen; free purulent discharge. Has had a great deal of pain in the eye during the night.

4th.—Profuse discharge from between the lids; complains of a good deal of pain.

The purulent ophthalmia thus started, was allowed to proceed uninterruptedly, no local astringents were applied to arrest the discharge. The patient was only allowed to wipe the eye with a piece of linen dipped in tepid water, and keep the eye clean.

On October 20th—the purulent discharge had sufficiently abated to allow her to leave the hospital, and attend as an out-patient. She had great photophobia, but very little pain. The cornea is entire.

After leaving the hospital, the discharge gradually ceased, and the sight steadily improved.

January 29th, 1864.—The patient to-day came to the hospital, and the following is her state:

No vascularity of the cornea. It presents a general smooth surface, but is very slightly clouded. The lid is still granular, but very little when compared to its condition previous to inoculation.

She is able to read No. 12 of Jaeger's Test Types.

The eye will continue to improve, and probably the remaining granulations will diminish until they ultimately disappear. The cause of their not having been entirely destroyed is probably that the pus was not quite strong enough, and the period of suppuration rather too short.

CASE II.—Granulations of Right Eyelid, Cornea Vascular, but with Clear Interspaces—Syndectomy, followed two months afterwards by Inoculation—Satisfactory Result.

S. W., æt. 24, had been under treatment from time to time for eight years, on account of a granular condition of the eyelids, accompanied with entropion. For the relief of the entropion, the eyelashes had at last been excised, but the granulations of the right eyelid had resisted

all treatment, and the cornea had become rough, uneven in its curvature, and vascular, but with tolerably clear interspaces between the larger vessels.

In November, 1862, she was admitted into the hospital, and as the eye did not seem a favorable one for inoculation, Mr. Bowman performed syndectomy, removing a broad band of conjunctiva from around the cornea, and all the subjacent cellular tissue. At this time she was able to count fingers and see large objects, although she could not read any type.

After the first effects of the operation had passed away and the wound had healed, she certainly saw better, and could make out letters of No. 20. But this improvement was of very short duration, for the eye soon became very irritable, and the cornea more dull, and after a lapse of between three and four months, her sight was decidedly worse than before the operation.

She continued much in the same state until August, 1863, the amount of irritability of the eye would vary, at one time better, at another worse, but the vision remained unaltered. She could see an object moving in front of her right eye, but she could not with any certainty even count fingers at three or four inches distant.

August 21, 1863.—Was readmitted for the purpose of inoculation. The eye was inoculated on a Friday, at 12 o'clock, with strong pus from a patient in the house undergoing inoculation.

At 11:30 on the following day the lid began to swell. Great œdema followed, but the purulent discharge was not at all excessive. After eight days the swelling of the lid and the purulent discharge began to diminish, and at the end of the fourth week she was made an outpatient. At the time she left the hospital, there was still a good deal of discharge from between the lids. No treatment was adopted to arrest the purulent ophthalmia, it was allowed to run its course, but the patient, after the second or third day, was permitted to wipe away, with a piece of linen dipped in tepid water, the discharge from the lids, and so keep them clean.

February 11th, 1864.—I saw the patient this morning. The membrane lining the lid of the inoculated eye is perfectly smooth, and the sight has so much improved that she is able to read No. 12. The cornea is slightly nebulous, but no longer vascular.

From long-continued irritation, its curvature is manifestly altered, and hence the benefit which her sight should derive from having regained so much of the transparency of the cornea is greatly curtailed.

CASE III.—Granulations of both Eyelids with Vascular Corneæ—The Left Eye treated by Inoculation—The Right Eye first by Syndectomy, and then by Inoculation—Good Result.

The following case is specially interesting, as both eyes were almost in a similar condition when she first applied to the hospital, and two different modes of treatment were adopted. The right eye was inoculated, and the result was most satisfactory.

On the left eye, after an interval, syndectomy was performed, but

with only temporary relief. The granulations continued as before, the cornea became a perfect pannus, and inoculation was then resorted to. Strong pus was used, but the activity of the purulent ophthalmia was much less than in the right eye, sufficient however to destroy the granulations, and to restore to the patient a useful eye.

Ellen R., æt. 21, was admitted into the hospital in July, 1862, in the following condition:—

The lids of both eyes very granular, the granulations large and fleshy. Both corneæ completely vascular. No photophobia. She could guide herself about, but was unable to discern features or read any type. She could merely distinguish an object in front of her.

The left eye was inoculated on July 5th, 1862, with pus from a child with purulent ophthalmia.

Severe inflammatory action followed with great œdema of the lids, and purulent discharge. It was allowed to run its course unchecked, and when the activity of the inflammation had subsided, she was made an out-patient.

In October, of the same year, the report states that the eye is perfectly quiet, the conjunctiva of the lids smooth, and she is able to read words of No. 6, Jaeger.

On October 10th, 1862, she was re-admitted for the treatment of the right eye.

Since the left eye had been inoculated, this eye had continued to get worse, and she had now little more than mere perception of light.

Syndectomy was performed, and one-eighth of an inch of conjunctiva and sub-conjunctival tissue removed from around the cornea, and close up its margin.

Free suppurative action followed this operation, and a semi-purulent discharge continued for many weeks after she left the Hospital.

On December 4th, the report states that the discharge still continues. The sight is decidedly improved, and she is just able to count fingers.

So far the progress of this case was reported in the last number of "The Ophthalmic Hospital Reports," page 64. For about two months afterwards the eye slightly but slowly improved. The discharge entirely ceased, and for a time she ceased her attendance at the hospital.

In July, 1863, she again became a patient. The eye had relapsed into its former state; the granulations were large and abundant, and the cornea a perfect pannus. She was unable with that eye to read any type or to distinguish any object.

On August 8th, she was re-admitted as an in-patient, and the eye inoculated with strong purulent matter from the eye of a man then undergoing the same treatment.

Twenty-four hours afterwards, free purulent ophthalmia was established. The discharge was much less in quantity than from the other eye when inoculated, but the lid was much swollen.

On the 29th, she left the hospital. The lids were then in their normal state, the eye free from all pain—a moderate discharge still continuing, and able to read words of No. 20.

She has steadily improved, and, February 15th, 1863, the report is, she can read No. 12, the cornea is cloudy, but no vessels to be seen on its surface. The lining membrane of the lid smooth, and the eye quite free from irritation. This eye will continue to improve.

She is able to do needle-work, and with the left eye to read a book, with No. 6, or Bourgeois type.

CASE IV.—Granular lid of the Right Eye treated with Syndectomy, and afterwards by Inoculation.

J. M., æt. 28, admitted into the hospital under Mr. Bowman, November 24, 1863. He was an old soldier and went through the Crimean campaign. His eyes were first inflamed when in the Crimea, and since then they have never been well. The left eye has partially recovered, but in the right the conjunctiva of the lid is granular, the cornea opaque and vascular, the ocular conjunctiva congested, and he has great photophobia. He has perception of light but he cannot count fingers.

November 24.—Mr. Bowman performed syndectomy, and removed a portion of conjunctiva from around the cornea, with all the corresponding subjacent cellular tissue.

25th.—Has had but little pain and slept well.

27th.—Complains of pain over the brow. There is no discharge.

December 1st.—The wound having healed, the eye to-day was inoculated with pus from the eye of a child four weeks old, suffering from purulent ophthalmia with thick purulent discharge, but the whole cornea quite clear.

4th.—Lids much swollen; profuse discharge.

7th.—Swelling of lids diminished; discharge less.

15th.—Discharge very slight; cornea becoming more clear; can count fingers. Left the hospital to attend as an out-patient.

January 15th, 1864.—Called to-day to show himself at the hospital. Slight haziness of the cornea; no vascularity; reads No. 8 Jaeger without glasses.

SULPHURIC LEMONADE IN TYPHOID FEVER.—Dr. Irwin Lyon records, in the American Medical Times, the returns of his practice in typhoid fever, from which it appears that whereas he lost 14 cases out of 70 in which he exhibited alcoholic stimulants, the mortality fell to 7 in 93—i. e., from 20 to 7.5 per cent. by the addition of the following lemonade:—

℞ Acidi sulphur dil., q.s.;
Syrupi aurantii, } aa ʒviij.
Aquaë, }

A table-spoonful, exhibited every two hours, should contain about fifteen drops of the diluted acid.

Editorial Abstracts and Selections.

Prepared by W. B. FLETCHER, M.D., Indianapolis.

SURGICAL.

2. *On the Treatment of Syphilis by Mercurial Vapor.*—By E. W. POLLARD, Esq., M. R. C. S., &c.—The milder influence of mercury when endermically applied, compared to the effects of its internal use, has long been acknowledged. Its inunction, except for personal reasons, was generally preferred to its administration through the alimentary canal. To avoid the inconvenience of inunction, the late Mr. Thomas Pearson employed the red sulphuret of mercury (cinnabar) in a state of vapor, but which was found to produce irritating effects, and was consequently generally abandoned in this country. Mr. Henry Lee, a successor of Mr. Pearson at the Lock Hospital, has recently revived this mode of treatment with great success, substituting calomel for cinnabar and adopting a simple apparatus by which the calomel is volatilized, and mixed with the vapor of water.

Sir Ronald Martin also long since insisted upon the necessity of making the skin a perspiring and absorbing organ, in order that medicine may act upon the general system when applied to it. The skin, however, in certain persons, especially when thickened by disease, will not absorb readily. Acting upon the suggestion of Mr. Henry Lee, I have lately tried, upon a somewhat extensive scale, the effect of softening the skin by producing gentle diaphoresis previous to employing the vaporized calomel. Possessing great facilities for this purpose in our establishment, we have modified and improved upon the apparatus employed by Mr. Lee—first by allowing the patient to remain for a short time in the tepidarium, when the skin, becoming moistened, is prepared for the action of the metallic vapor, which is applied in a carefully-constructed box, where the calomel is volatilized at a regulated temperature with the vapor of water and the sublimed particles are equally diffused and deposited on the person of the patient. Inhalation not being always necessary, the head is excluded. For some months we have had daily opportunities of observing the effects of fumigation so carried on in the cases sent to us by our medical friends, and by their permission we are enabled to record the following cases. In these records our duty has been strictly limited to a faithful statement of facts; we have indulged in no speculations, leaving the profession to draw their conclusions.

“A gentleman, who had come from abroad on purpose to obtain the benefit of medical advice, had taken all the ordinary internal remedies for constitutional syphilis, but still remained a sufferer from most painful and intractable ulcerations of his legs, and at times most

severe pains in the head. It was found by him that the use of the calomel bath in the ordinary manner produced very little effect. Mr. Henry Lee therefore recommended him to have a certain amount of diaphoresis induced previous to taking the calomel bath. He commenced with one three times a week (half a drachm of calomel.) He speedily found relief from his pains, and the ulceration rapidly healed up. He then went into Scotland for two or three months. Upon his return he came to the baths, and stated that he continued well, and has now gone abroad."

"*Inveterate psoriasis*.—Mr. A——, a young man in the army, had been afflicted with a most inveterate form of psoriasis for nearly nine years. The eruption extended over the whole body and extremities. The scales were so thick as to make motion of the arms difficult, and he was unable to perform his duties in the service. He has been under every kind of treatment; has taken large quantities of arsenic, iodide of potassium, &c., but only experienced slight temporary relief from the remedies. His gums were spongy, with great fetor of the breath. There were doubts whether the affection had a syphilitic origin.

"Previous to his coming to London in March last he had taken several calomel baths with the ordinary apparatus, with some improvement. Mr. H. Lee ordered this patient to take the calomel baths (half a drachm,) to be preceeded always by a moderate amount of perspiration in the hot room (temperature 120°). In one week after the commencement he was greatly improved; and he was ordered to take them daily. In three weeks he was free from all scales, the skin was all smooth, and only a slight discoloration remained.—He continued to take the bath for some time, and has no return of the complaint. His general health was greatly improved, and he considers himself effectually cured."

"Mr. D——, a medical practitioner, had primary symptoms thirteen years ago, which readily yielded to inunction. Sore-throat and eruptions followed, which were relieved by the iodide of potassium, in combination with tonics. Subsequently the tongue became tuberculous, fissured, and ulcerated, rendering the taking of food painful. The ulcerations healed after long continued treatment with the iodide but the tubercles and indurated fissures remained. If the iodide were omitted for any length of time, the ulcerations were certain to return; so that he was always obliged to be more or less under the influence of the remedy, of which he must have taken many pounds. Mr. Henry Lee advised the calomel bath, with previous perspiration. The tubercles began to subside after the third bath, and at the end of three weeks very little remained of the tubercles. The bath was taken very irregularly. He had then a slight return of the ulcerations, which yielded immediately on the resumption of the bath. For some time past he has had no return of this troublesome disease, and has not taken any of the iodide."

"Mr. H—— had a primary sore four months ago, which was followed by sore-throat and eruptions. He was treated in Paris with

the proto-iodide of mercury, but not being satisfied, he came to London. The eruption is over the body and face, with some sore-throat. Dr. Cahill and Mr. H. Lee recommended a calomel bath (half a drachm of the mineral) daily. At the end of three weeks the eruption was entirely recovered."

"Mr. S—— had a chancre on the penis, accompanied with syphilitic bubo, which suppurated. There was a dark copper-colored eruption over the whole body, which had existed for several months, and first appeared after a previous syphilitic affection. The patient was in a weak and debilitated state. His health improved under a short course of tonics, and he was then ordered to the calomel bath. The chancre disappeared after six baths, the bubo healed up, and the eruption was entirely removed. At the present time he has not a trace of disease upon him, and has not, in fact, been in such good health for a very long period. This patient had also been very deaf since his first syphilitic attack; he has quite recovered his hearing."

"Mrs. S——. This patient was contaminated by the previous one. No primary sore could be detected. Has syphilitic bubo, sore-throat, and eruptions over the whole body. She took the calomel baths for three weeks, at which period all the symptoms had disappeared, and she remains quite well."

"W. H——, a soldier, had a large sloughing chancre. The vapor of calomel was applied directly to the surface of the chancre. After three applications the ulceration stopped, and the surface assumed a healthy appearance. He was only able to take twelve baths, being under orders to embark on foreign service. The chancre was healed up, and all induration disappeared."

Dr. Cahill has kindly sent us particulars of some of the cases treated by the hot air in combination with the calomel bath.

"*Secondary syphilitic sore-throat.*—Mr. D—— had been subject to several attacks of dyspnoea. On examination of the throat I found traces of previous disease, for which he had taken iodide of potassium. Ordered a quarter of a grain of bichloride of mercury and two minims of tincture of opium, twice a day, under which treatment he was much benefited, but still the disease constantly recurred yielding to the same remedies. I then requested him to take the calomel baths, and have slight diaphoresis produced previously by remaining in the hot room ten minutes. Mr. D—— continued the baths regularly three times a week for three weeks, at the end of which period he became entirely free from his complaint, and has no return."

"*Secondary sore-throat, with rash.*—Mr. C——. On being called to this patient, I found him suffering from gonorrhoea, with severe orchitis, which yielded to the ordinary treatment. On the phimosi being subdued a sore was found on the glans, beside the frenum. Not having all the characteristics of an ordinary chancre, which, however, healed on the application of the precipitate, still leaving a thickened, warty base, I ordered quinine and steel for some time. At the end of a few weeks he returned to me with a severe sore and copper-colored eruptions. I then put him under the pro-iodide of mercury, and in-

unction of half a drachm of mercurial ointment every night. The disease was checked, but did not make much progress towards recovery. I then recommended him to commence the mercurial fumigations and the hot-air bath. After taking twelve baths, all the symptoms disappeared, and he has continued well now for several months."

"*Secondary sore-throat; rash followed by deafness.*—Mr. E—— contracted gonorrhœa in 1862. Subsequently an excoriation (or chancre) was discovered, followed by pains in his limbs and sore-throat. He was sent to Brighton for bathing, from which place he returned quite deaf. He first came under my care at the latter period. I found induration where the sore had been. This with the length of time that had elapsed since his first being taken, confirmed me in the supposition of the syphilitic taint. Other symptoms developed themselves, which corroborated the opinion I had formed. All the symptoms were relieved by appropriate treatment except the deafness, which remained till I ordered him to take the mercurial vapor baths, which speedily re-established his hearing."

"*Deafness following secondary symptoms.*—Mr. A——, a young gentleman, had syphilis in 1862. The primary sores were treated with the exhibition of mercury. The secondary sore-throat was treated by me by the use of the iodide of potassium; and subsequently another medical practitioner put him under the bichloride mercury. All the symptoms were removed except deafness, for which every thing was tried—iodide of potassium, blisters, &c., but in vain, so that he was necessitated to resign his commission. On his return to London, at the beginning of this year, he tried by my advice the mercurial vapor baths, from which he derived the greatest benefit. He can now hear distinctly the notes of the piano, whereas before he could only hear a confused drumming noise."

"*Tertiary sore tongue and mouth; sore on the hand.*—Mr. B—— had a primary syphilis in 1861, for which he was treated in France; subsequently, sore throat, rash and nocturnal pains. He took mercury, iodide of potassium, and the waters of Aix-la-Chapelle. At the time he came under my care he was in a miserable condition from his mouth, tongue, and cheeks, which had whitish sore places all over them, and were very painful upon taking food. The sores were partially relieved by the application of sulphate of copper. The mercurial vapor baths produced a most salutary result, and he has no return of his complaint, though several months have passed away."

"*Early secondary rash and sore-throat.*—Mr. H—— had syphilis in November, 1863, followed by rash and sore-throat. He had been treated by mercury and iodide of potassium previously to my seeing him. A dozen of mercurial vapor baths completely removed all his symptoms, and he has continued well up to the present time."

I might multiply cases in which cures have been effected by the mercurial bath, but enough have been cited to direct further attention to the subject.—*London Lancet.*

2. *Constitutional Syphilis* —(A Clinical Lecture, by Jonathan Hutchinson, F. R. C. S., Surgeon to the London Hospital.)—"I sometimes feel almost annoyed at being compelled so very frequently to prescribe iodide of potassium. We go from bed to bed, and to cases apparently of the most different kind, and for almost one in every three I am obliged to dictate the same prescription.* Iodide of potassium in large doses, generally in combination with ammonia, and sometimes with the bichloride of mercury, seems to be the panacea for almost a majority of our cases of chronic disease. Here is a man with convergents quint and double vision; he has come up from Cornwall to be treated, and he looks perfectly healthy. We investigate his case, and pronounce the diagnosis of syphilitic paralysis of his right sixth nerve. A man a few beds lower down, came in on account of a pain in his heel, which had resisted all treatment for months, and prevented him from either working in the day or sleeping at night. He, too, looked quite healthy; but, on probing his symptoms and history, I gave a syphilitic diagnosis, and, what is more, confirmed it by quickly curing him. A woman was admitted six weeks ago with numerous large ulcers on the legs, and some also on her arms. She had scars of former ulcers about her knees; and the multiplicity of the sores and the worm-eaten character of the edges confirmed the suspicion formed at first glance. She, like the former patient, had had much previous treatment without result, and got well most rapidly under our favorite prescription. There is a boy in Talbot Ward with ascites, and with a liver that reaches below his naval, and with hard periosteal nodes on almost every long bone in his body. His sister was also here not long ago, suffering from nodes; and his mother I have repeatedly had under care during the last fifteen years for various forms of constitutional syphilis. We have also in the same ward two men suffering from chronic enlargement of the testes, which we attribute to the same almost ubiquitous taint. One of them is already nearly well; and the other, I have no doubt, will soon be so.

"If we go down to the women's ward, we shall find some most interesting cases. There is Mrs. G., the unfortunate wife of a very dissolute sea-captain. She came into the hospital in order to have her sight improved by an artificial pupil, in consequence of adhesions, etc. One of her eyes is shrunk, soft, and collapsed; and she has, or rather had, the pupil of the other eye almost wholly closed by lymph. I have made her an artificial pupil, and she sees as much better as we could expect. You will notice that she speaks thickly, uses her limbs awkwardly, and, although not yet middle-aged, looks as if she was entering on second childhood. Her history is that of a case of subacute syphilitic inflammation of the pia mater. She first came under my observation more than a year ago, at the Moorfields Hospital, for most acute double iritis, and covered with syphilitic rash. The pupils were already covered with lymph, and she was already salivated. We adopted the treatment which seemed best; but, as

* In mentioning this proportion, I of course allude only to our wards for chronic disease, and do not include those for accidents.

you see, only with very partial results as regards her eyesight. In her right eye, choroiditis and inflammation of the vitreous body afterward set in; and the eye ultimately became soft, and then shrunken as it now is. After this, she became exceedingly nervous, and could not sleep at night, and was at length laid up at home with delirium. She was now for some weeks under private care with a form of mania; all her limbs became weak and tremulous; and when she recovered those of her left side were weaker than the others. As syphilitic inflammation often attacks the choroid coat of the eye, there is no reason why it should not affect the vascular membrane of the brain; and to suppose that it did so in this instance would well account for all her symptoms.

"In the same ward is a girl aged fifteen, whom we admitted a week ago with large, ragged edged, very deep ulcers on the back of one leg. They are ulcers of a character which, if seen in an adult, you would at once pronounce to be those of tertiary syphilis. And, in confirmation of that view, she has an induration in front of one tibia. The girl is, however, only fifteen; and she has had these ulcers for several years. The disease in her is congenital; and she shows, in order to help us to this opinion, one of the most typical sets of teeth that I have ever seen. You will note that her physiognomy would not have led us to suspect her, for there is nothing very peculiar in it. The bridge of her nose is not flattened; her forehead is not protuberant; nor are there any scars or fissures about her mouth. Her teeth, however, tell the tale, and are so characteristically malformed, that I would venture a positive opinion without other evidence. You will watch the effect of specific treatment upon her ulcers. I will ask you to observe that the ulcers are clearly not due to mere ordinary cachexia, for the girl looks healthy; and should they be well under iodide of potassium in a few weeks, I shall then ask you to remember that they had existed for several years before she came here.

"I have only mentioned about a third of the curious forms of constitutional syphilis at present under our care. You will observe that I omit all primary and secondary forms of disease. Those which we shall at present consider are such only as occur at long periods after the original disease, and come into the category of late tertiary affections. Our knowledge of this latter class has of late years very much improved, and we are now able to recognize many as such which formerly we did not know; and, I am glad to add, we are able to exclude some from suspicion which were formerly much suspected.

"The feeling of annoyance to which I averted, as sometimes arising when one is obliged over and over again to prescribe the same specific, has its origin in a doubt and a fear—a doubt of one's own accuracy of judgment; and secondly, a fear of the criticisms of others. A sort of fear arises as to whether, after all, the suggestions now and then made, 'Oh, he is riding his hobby—he sees syphilis in everything,' may not have some foundation in truth. Now, this self-mistrust is very natural and very useful in its proper place, but let

me warn you not to let it go too far ; and as regards the criticism of others, let me beg of you not to allow them to influence your judgment one iota. There is not the shadow of a doubt that the syphilitic virus is capable of producing effects at extremely remote periods, and after long intervals of apparently good health. There is not the least doubt, further, that this virus is very widely diffused amongst all classes of the community. We must, therefore, expect to encounter its results very frequently, and under very varied circumstances. Our duty in this matter is to find out with accuracy, amongst the great variety of chronic maladies which come before us, which are syphilitic and which are not. Upon our success in diagnosis will depend our success in treatment. There is no room for joking skepticism. It is a simple question of fact. My patient presents a form of disease which we know must have had some cause. We know, further, that the syphilitic taint is a cause quite capable, in some instances, of producing a similar result ; and we want to find out by collateral evidence whether that cause is in operation here. And, if it should so turn out that we are obliged, after pains taking investigation, to believe in the presence and efficiency of that special cause in five out of every twenty patients, it cannot be helped. We want truth ; and, if that is the truth, we must take it and act on it. A good means of checking our own conclusions is always at hand. I allude to the results of treatment. In most cases of tertiary syphilis, the consequence of acquired disease, the effects of specific treatment are most prompt and definite. Unfortunately, it is not so in a few, especially in those which concern the nervous system ; and it is not so in many which are consequent on inherited taint. In these the efficacy of specific treatment is often but ill marked.

“ Before proceeding to relate cases in detail, there are three or four doctrines regarding syphilis which have of late years fought their way to general belief, to which I must ask your special attention.

“ The first of these is, that tertiary syphilis may and often does, last through a person's life. By tertiary syphilis we mean all forms of specific disease occurring subsequently to the primary and exanthematic stages ; practically, everything that comes later than two years after the infecting sore. The exanthematic stage usually occurs within two months of the original sore, and is rarely protracted beyond the year. We will, however, to give good margin, say two years. After this the disease appears to have no stages ; periods of entire latency, of the most variable lengths, may occur. The symptoms which show themselves are irregular, and subject to repeated relapses after cure by treatment. Between the secondary and tertiary symptoms, an interval of health, often of several years, and it may be of many, supervenes.

“ The second cardinal doctrine, as regards tertiary disease, is what I have just adverted to : that it may be *latent*. By latent, I mean that it may be entirely concealed. The patient may appear to be in robust health ; may not show the slightest trace of a symptom ; may even marry and beget healthy children ; and yet the disease may reappear. In a recent lecture I brought forward a case in which the

period of latency had been twenty years; and I shall have to mention several others in which it has been nearly as long. The phenomena of latency are even more wonderful in respect to inherited than they are in regard to acquired disease.

"Thirdly, I wish to insist that it is very common for married women to acquire a constitutional taint, without having ever had primary or secondary disease, and, therefore, without either themselves or their husbands having the slightest suspicion of what has happened.* This occurs in women who have borne children to syphilitic husbands, and who have imbibed from the fluids of the fœtus the poisonous material. We will call this 'Syphilis by conception.'

"Lastly, we must remark that it is very possible for a patient to have primary syphilis, and never be aware of it. In a woman this may easily be. A small indurated chancre causes very little irritation, and is perhaps never suspected to be of any consequence. It so happens, that the sore most likely to infect gives the least local annoyance; and many an inexperienced man will allow a sore of this kind to go on without treatment, and afterward, in good faith, assure his surgeon that he has 'never had a chancre.' But there are cases even yet more difficult to explain, in which even a practised eye never finds the infecting sore. I have more than once or twice known it to happen, that surgeons or medical students, who came under treatment for secondary forms of disease, and who made not the slightest attempt at secrecy, assured me that they had never been aware that they had primary sores.

"The chief lesson to be drawn from these various sources of fallacies in the histories we receive is, that the surgeon must learn, by widely-extended practice, to trust to his own eyes for a diagnosis. The importance of being independent of what our patients may tell us can scarcely be exaggerated in this matter. Not only will it save us from being misled by erroneous statements, but it will in some cases save the necessity for asking painful and annoying questions.

"We will now proceed with some clinical illustrations of our remarks.

"*Latent Syphilis; an interval of Eight Years without Symptoms, the Patient enjoying Robust Health; Ulcerative Destruction of the Palate, with Psoriasis of the Backs of the Hands.*—Wendon Dawson, aged thirty, a dark-complexioned man, looking much older. Nine years ago he had a sore. He was then in the navy, went into Chatham hospital; 'took mercury pills, and was salivated freely.' He had a bubo in one groin, which suppurated and remained open for two months. He left the hospital after six weeks, and took no more medicine. He recollects that he had a sore throat, but does not remember any rash.

"On leaving the hospital he went on board ship again; and had good health and remained quite well. Three years later he married.

* According to my own observation, the reverse of this may also occur, and the husband be constitutionally infected without any local lesion or primary disorder.—Z.

His wife has never conceived, and has remained in perfect health. Very soon after he married he had 'yellow jaundice,' and was very ill for a week or more; he was at home a month. About a year ago his throat began to be sore, and six months after this sore, patches showed themselves on the backs of his hands. He has only been under treatment for these affections for about two months. During the interval since his discharge from the Chatham Hospital, with the exception of the attack of jaundice, he has enjoyed good health, and has been wholly free from symptoms; 'never lost a single day's work.' We questioned him most closely, and could not make out that he had had any suspicious symptoms whatever.

"January 13th, 1864. The subject of the above notes was sent to me by Mr. Swales, of Sheerness. He is now cachectic, and speaks in a hoarse whisper. His soft palate is extensively destroyed by ulceration, which is still spreading; his breath has the fœtor of diseased bone. The backs of his hands and wrists are covered with patches of psoriasis palmaris. There is not a single patch in either palm. There are two or three similar patches on each cheek. The man states that he has never had any venereal disease since the one described nine years ago, and there is not the least reason to doubt his statement. Let us note also that, although salivated in the first instance, he has never needed any medicine since, except during the last few months. Under about 'two months' treatment, this patient got quite well as regards his throat; and his psoriasis, although not cured, was much benefited.

"In the next case, we have again phagedæna of the throat, but its chief interest attaches to the fact that the man has entirely lost his hearing. With regard to the throat, I may, however, here ask your attention to the difference between the secondary and tertiary forms of disease as they occur in it. In the secondary stage, the inflammation is always superficial, and always ends in cicatrization, without noticable loss. Indeed, excepting in the tonsil itself, there is rarely any ulceration. On the velum palati and pharynx it is rather inflammatory swelling than ulceration. All the deeply ulcerative or phagedænic affections of the throat occur years after the primary disease, and are tertiary. Of this both the cases before us are examples."—(*British Medical Journal and Dublin Medical Press.*)

3. *Thoracentesis in Pleuritic Effusion.*—By Dr. Behier.—A long discussion on thoracentesis has occupied the Medical Society of the Hospitals of Paris; and as the debates were not free from a certain degree of confusion, Dr. Behier has made a critical review of them the conclusions of which may be thus briefly stated.

Thoracentesis is indicated and ought to be performed: In all cases where the effusion is in large quantity, and does not diminish rapidly under the ordinary means, and still more if it goes on increasing; in all cases where the patient appears too delicate, too weak to bear up against the long process of resorption of an effusion which occupies completely or nearly completely one side of the chest; in all cases

where, although the effusion is not very copious, we find the opposite lung impeded in the performance of its functions, as by bronchitis, a certain degree of œdema, etc.; in all cases where we believe we have to do with a patient predisposed to pulmonary phthisis, whether we are unable to make out its existence, or whether we have the proof of it in the side occupied by the effusion, or in the other lung. The last case we allow is by no means favorable.

Before practicing the operation, we wait, if possible, until the inflammatory phenomena have abated; it is generally between the ninth and the eleventh days that we expect to see this abatement. At the same time it must be borne in mind, that inflammatory symptoms may be altogether absent, or at least very little marked in a large number of cases of copious effusions, and that it is in precisely in these cases that sudden deaths are most frequent, as they are also those which recover best after thoracentesis. To refuse the operation in such circumstances on account of the slight apparent gravity of the disease, and because we observe neither violent dyspnoea nor imminent asphyxia, would be, in our opinion, a grave fault on the part of the physician. These cases frequently occur in persons of little vital energy, their very passiveness is often an obstacle to their cure by ordinary means. Little capable of undergoing the process of absorption, we ought to aid such patients in the process, and thoracentesis affords this indispensable assistance.—*Edinburg Med. Journal.*

PRACTICAL MEDICINE.

4. *Poisoning by Cyanide of Potassium.*—At a late meeting of the Charing-cross Hospital Medical Society, Mr. Edward Sandwell read a paper on Poisoning by Cyanide of Potassium. After dwelling on the great increase of poisoning by this agent, and the necessity for the adoption of some stringent measures having for their object the limitation of the sale of "commercial" poison, he read notes of four interesting cases, three of which terminated fatally. The fourth ended in recovery, the notes of which are as follows:

"In March last I was called to see a child who had taken poison by mistake. Such I found to be the case, and received the following particulars. The father, an electro-plater, had weighed a drachm of cyanide of potassium for business purposes, and having dissolved it in a small quantity of water, set it aside until it should be required, it was taken up by a child seven years of age, and swallowed directly after a full meal. The child was immediately seized with convulsions, and soon became collapsed, and rigid, the pulse at the wrist being imperceptible, though a slight action of the heart could be felt. The urgency of the case demanding prompt treatment, I resorted to the means which were at my immediate disposal. I poured down the throat castor oil, with hot brandy-and-water; and applied raw mustard, with friction, to the chest, stomach, and soles of the feet, and cold water to the spine. I also adopted the Marshall Hall method for resuscitation. These combined, had the effect of producing after

twenty minutes, convulsive motions, which were followed immediately by profuse vomiting, egesta consisting of undigested food, smelling strongly of the poisonous agent. Small doses of ammonia were then administered, and repeated at short intervals for four hours, after which a dose of castor oil was given. The appearance and symptoms then presented by the child were such as to warrant the belief that all immediate danger was passed. The after treatment was simply of a stimulating tonic character, and at the end of a few days the child perfectly recovered."

The facts of this case are interesting. The full meal and effect of the oil in shielding the coats of the stomach, preventing the ready absorption of the poison, the profuse vomiting, the general counter-irritation, combined with the Marshall Hall method, furnished grounds for reflection. Mr. Sandwell concluded by quoting various authorities on the subject.—*London Lancet*.

5. *Corpulence*.—SIR :—A few words to prevent the impending evils of Bantingism may serve to aid your laudable endeavors to set bounds to a folly, which is likely will have many followers to their fatal cost. We are too well aware of the dangers arising from a restricted dietary not to desire to guard against its adoption. The vast variety of vivands supplied by a bountiful Providence seems essential to the perfect development of the faculties of mind and body; under a restricted diet, either one or the other becomes impaired. The question in cases of obesity is a question rather of *quantity* than of *quality*. Keep your mouth shut and your eyes open; or, in other words, eat, drink, and sleep less, and use more exercise as the ability for exertion increases, soon a reduction of fat will be effected. In confirmation of Bantingism, I may mention the case of a former Irish M. P. one of the fattest, and most unwieldly patients I ever had, whose only beverage was toast-water sweetened to a syrup; but he was most self-indulgent in every other respect; and of a very fat lady, who sucked sweets almost night and day, "wherein was excess:" *ne quid nimis*. I am, Sir, your obedient servant,

—M. D. *London Lancet*.

6. *Treatment of Pneumonia in Children*.—M. Barthez, Physician to the Hospital St. Eugenie, one of the two hospitals of Paris specially devoted to children's diseases, in a memoir to the Academy of Medicine recommends expectancy in the treatment of pneumonia in children. He mentions 212 cases in children from 12 to 15 years of age, which had come under his care during the last seven years, death taking place in only two instances, and in these both lungs were affected. In half the cases no active treatment was adopted, in many others the treatment was insignificant, and in only one-sixth was it active. The disease was found by M. Barthes to continue a shorter time in the former cases than in the latter, and the convalescence was also shorter. Good hygienic precautions only were advised. M. Bouvier, in a report on this memoir, comes to the conclusion that the expectant method in these cases succeeds in hospital practice, but should not be adopted as a rule in town practice.

9. *Ozæna and Strumous Disease treated by Medicated Inhalation—A New Inhaling Apparatus*—Mrs. F., aged about 30, of rather delicate organization, but not sickly, applied to me Nov. 2, 1863. She stated that for the last three years she had suffered from an exceedingly offensive discharge from the left nostril. She described the stench as being almost insufferable. She had been treated by several respectable physicians, and had in addition exhausted almost the whole catalogue of nostrums, without receiving any benefit. I commenced the treatment by means of shower syringes, and continued it for nearly four months, throwing through the nostrils, in both directions, the following remedies in weak solution, viz., sulphate of copper, nitrate of silver, sulphuric acid, acid nitrate of mercury and chloride of soda; giving internally sulphate of iron and quinine, and syr. sarsap. comp., with iodide of potassium. This plan of treatment made no perceptible change in the case, and I told her I thought it useless to continue the showering any longer, but would try inhalation if I could invent some way by which she could inhale through the nostrils: thinking by this plan that I might possibly reach the seat of the disease, if I had not already done so. After much experimenting I succeeded in preparing an instrument, and commenced the treatment by causing her to inhale, three times daily, the following:—*R.* Iodini, gr. xv.; potassii iodidi, ʒss.; ipecacuanhæ, ʒ iv.; conii, ʒ ij.; cimicifugæ, ʒ v.; scillæ, ʒ ij.; ether. sulph., liq. sodæ chlor., aa f ʒ v.; spt. vini rect. et aquæ, Oi. M. The effect was truly magical. At the end of one week she reports, the fœtor has wholly disappeared. Two weeks later, no return of fœtor and the discharge diminished one half. At the end of six weeks both had almost wholly disappeared.

She says to-day, Nov. 30th, in answer to my inquiries, "I have not been troubled any to speak of for the last six months. Two or three times during that interval, when I have taken cold, there has been a slightly increased discharge from one nostril, which subsided as the cold passed off."

Miss H. T., aged 20, of strumous constitution, always delicate, has been failing in health for the last three years; is hoarse, and sometimes partially aphonic; has had several severe attacks of hæmoptysis; cough very distressing, being aggravated by chronic pharyngitis and diseased tonsils. She is feeble, emaciated and anæmic; lower extremities swollen; respiration hurried; pulse frequent; appetite poor. Dullness and tenderness on percussion in right clavicular and subclavicular spaces, involving apparently about one third of the right lung; imperfect expansion of the chest and suppressed respiration over that portion of lung.

The symptoms in this case seemed to indicate phthisis far advanced, but the physical signs did not warrant that conclusion, as I could not discover any particular indications of softening, but the diseased lung was evidently in a state immediately preceding it.

From the whole aspect of this patient, and the fact of her having been treated by a well-educated physician, and having been rapidly declining for the previous six months, I could give little or no en-

couragement, and had serious doubts whether anything I could do would be of any avail. I however told her that if she could consent to have her tonsils removed I would then decide whether or not I could do anything more for her. She immediately consented, and I removed both tonsils, one of which contained a considerable quantity of a lardaceous matter. She bore the operation well, considering her enfeebled condition; the parts healed kindly, and in one week after the operation she commenced medical inhalation. I gave her iron, recommended a generous diet, and as much exercise in the open air as she could well bear. At the end of two months there was evidently some general improvement. By auscultation at this date, a feeble respiratory murmur was distinctly audible, and the sounds on percussion were more resonant, which fact she distinctly noticed herself. The cough, which had for a long time been very distressing, although somewhat relieved, still continued obstinate. Under this course of treatment she continued to improve, the cough slowly subsided, and by the early part of next summer had nearly disappeared. She had gained her usual amount of flesh and strength, and in every other way seemed quite well.

Medical inhalation is no new thing. Brought into notice long since, it has been strenuously advocated by some, and combated by others of the profession. No doubt the excessive claims urged for it by those who first introduced it, operated disadvantageously. It was natural to doubt a method which was to cure so many diseases. But apart from this, there can be no dispute that it is, when properly used, a most efficient mode of introducing remedies into the system. The direct and speedy result of the treatment in the case first reported, leaves no room to doubt that it was the local effect of the remedy which caused the improvement of the symptoms. In regard to the second case reported, there may be some doubt as to the relative value of the tonic and the local treatment. Evidently they helped each other.

The point which I wish to present is, the ease and comfort with which the inhalation was performed by means of the apparatus mentioned. It seems the easiest thing in the world to get up an inhaler, but how many attempts have ended in futility. Certainly I could find nothing to suit my purpose, and I was obliged to have resort to my own invention. Those who have seen it express their delight at its simplicity and adaptation to the purpose designed. Compact, portable, adapted both to the nostrils and the mouth, it meets a want long felt, and as such is offered to the profession. This inhaler consists of a bottle or reservoir to contain the liquid to be vaporised, with a cap which is fitted closely on the neck of the bottle. There are two vertical tubes, extending upward from the said cap, and open at the lower ends into the interior of the bottle. There is also a third tube, open at both ends, extending from the cap down into the bottle and nearly to its bottom, through which the air passes in being drawn into the bottle and through the liquid, causing an agitation, during which the vapor is thrown off and drawn into the air passages through the two nostril tubes. These nostril tubes are supplied with

an elastic air-tight valve, made of rubber, which, during the act of inhaling, is pressed up against the nostrils by the thumb and index finger of the left hand so as effectually to close them.

8. *Life in Offices and Counting-rooms*, by E. Andrews, M.D., Professor of Surgery in Chicago Medical College.—A considerable number of men die, or are disabled every year in Chicago, by the deleterious effects of office life. There is an evil here which the mercantile classes ought to be warned of, and induced to correct, and the more earnestly do I desire to point it out, because the victims of it are generally the most industrious and thorough portion of our merchants and their office clerks. The evil complained of is twofold; one part consisting of excessive and continuous mental labor, resulting in brain exhaustion; and the other, of inhaling foul confined office air, resulting in blood poisoning, and consequent risk of death in a multitude of modes.

Brain exhaustion, in its pure form, is more frequently seen in the proprietor or head manager of an establishment than in the office clerks. This results from the heavy personal interests he has at stake, causing him to become totally absorbed in his enterprise, and goading him on to such excessive, unremitting toil at the desk as ultimately breaks him down. The symptoms in these cases are so clear that the physician can tell without inquiry that the brain has been overworked. The disease is commonly called nervous fever. The patient is mostly confined to his bed, is excessively restless and worn, sleeps badly, tongue not very foul, but the pulse is feeble and rapid. The most striking symptom, however, is a whining peevishness, a sort of childish, fretful, low spirits, "like a sick girl," as the poet has it, and which is altogether foreign to the man's usual manner,—in fact bordering on temporary insanity. Some of these patients are past help from the outset, and some die, but the majority make a slow and tedious recovery.

It is worthy of notice that this disease, though produced by excessive mental effort, yet seldom attacks any except those who work in close offices. Men who are engaged out of doors, or in perfectly fresh air, seldom get it, however severely and continuously they may exercise their minds.

The second evil is blood poisoning from foul air. A merchant hires a store on South Water street, where it has the full benefit of the fragrance of Chicago River to begin with. Then it is twenty-five feet wide and one hundred feet long. It has just two openings for ventilation, viz. the front door, opening on a crowded street, and the back door, opening on a narrow, offensive, dirty alley. It is fair to presume two things: 1st, that no perfectly pure air ever gets into the store at all; 2d, that what does come in only gets a lazy, imperfect circulation among the boxes, bales and barrels. When I was in the army I saw several such stores taken for hospitals, with the invariable result that the patients died by scores from the effects of the foul air. It was found impossible to ventilate sufficiently such long apartments, with openings only at the ends. In this confined air, there-

fore, the clerks, porters, and customers, breathe and perspire all day long, adding new poison to air which was none too good in the beginning. But the worst is yet to be told. The proprietor of this enclosure of foul air does not deem the general atmosphere of the store even yet quite bad enough for his own personal use. He therefore cribs off a small counting-room, with glass partitions, in such a shape that it only gets air from the interior of the store. In this little room he locates himself, his partners, his book-keeper, his corresponding clerk, etc. If there are any remaining whiffs of air in the room fit to breathe, they are all used up by ten o'clock in the morning. These are the merchants who have nervous fever. These are the young, ambitious, hard-working clerks, and book-keepers, who grow pale, who have dyspepsia, and cannot be cured by the doctor, who have typhoid fever, and are laid up six months, who fall into consumption, who have besides forty troubles, and cannot get cured.

Such men come to me, who actually work ten hours a day in a poisoned atmosphere, and then take their books home to work at them evenings. I say to such persons, "I shall not try to cure you now; you are going the sure road to death, and if I prop you up a little longer, to enable you to go on in the same course, it will only make the final result more sure and irremediable. The quicker your health breaks down, and obliges you to stop such a course of existence, the better chance you will have of final recovery."

I know not what mechanical arrangements would be best adapted to ventilate our stores and offices, but I have seen numerous establishments where the loss of time and efficiency by the proprietor and employees would every year almost pay for a fan-blower and a steam-engine to propel it.

9. *Unwholesome Coffee*.—The following is part of an editorial in the Boston Cultivator: "It is certain that an infusion of roasted chicory is aperient (laxative)," says Dr. Hassall, who adds, "in proof of which we recite results of our own observation. Three persons partook of chicory at breakfast. The infusion was dark-colored, thick, bitter, and destitute of the aroma of coffee; each soon after experienced a sensation of heaviness, a feeling of weight at the stomach, and indisposition to exertion; in two, headache followed, and in the third the bowels were relaxed. Several other trials were followed with similar results. But it may be said chicory is seldom taken of one as a 'beverage.'" But Dr. Hassall remarks that "two persons drank twice a day of coffee adulterated with chicory, and both suffered more or less with diarrhœa. So we are warranted in concluding that chicory is not a 'wholesome' article of diet. So well are mothers in France and Germany acquainted with the aperient properties of chicory that they give it to children as a purgative."

Prof. Beer, of Vienna, an eminent oculist, says the continued use of chicory seriously affects the nervous system, and gives rise to blindness from amaurosis. "Such results," remarks Dr. Hassall, "should make persons hesitate." Chicory and coffee differ in their botanical history, chemical nature, and in physiological action. Coffee

fee is the seed of a shrub, and chicory the root of an herbaceous plant. Few roots, if any, contain the alkaline or volatile oils, the constituents of coffee. The infusion of chicory is heavy, mawkish, and destitute of aroma; coffee is light, fragrant and refreshing, for it contains volatile oils, tannin, and the alkaloid caffeine, of which there are no analogous constituents in chicory. Coffee is beneficial; chicory exerts, as seen, deleterious physiological effects upon those using it. Such being the results, according to high authority, we trust no more will be said to encourage the growth of chicory to be used as coffee; and, moreover, we trust also that our readers will abandon the further use of chicoried coffee as the writer has done.

10. *Fowler's Solution of Arsenic*.—Dr. B. W. Richardson, in his Medical history of England, gives (Med. Times and Gaz., March 19, 1864) the following curious history of the invention of the solution of Arsenite of Potassa, the credit of which has generally been awarded to Dr. Thomas Fowler, of Stafford:—

“The name of Fowler has been so intimately connected with the solution known as the Liquor Potassæ Arsenitis, that a brief note of his connection with that preparation, cannot but be interesting. In plain, then, at the time when Fowler went to Stafford, there was being introduced into England a solution called ‘Dutch Drop,’ or ‘Tasteless Ague Drop.’ This Solution was tried in Stafford in several cases of the prevailing disease, and was found successful. At that time Mr. Hughes, the grandfather of the present Mr. Robert Hughes, was House-Surgeon to the Stafford Infirmary, and he, having examined the ‘drop,’ determined that it contained arsenic. Upon this he set to work to find a means of dissolving arsenic, and succeeded by the use of potash. He showed his solution to Dr. Fowler, who tried it, adopted it, and reported upon it favorably, upon which the medicine came into general repute under the name of Fowler’s solution. With the other applications of this solution, Fowler had little to do. It was in ague only that he saw its value. Dr. Oirdlestone, of Yarmouth, was the first physician who used the solution in lepra. Dr. Beddoes was the first who used it as a tonic in phthisis. Mr. John Jenkinson, of Oxford, was the first who employed it in chronic rheumatism, and he was soon after followed by Samuel Fothergill, a London physician, who resided in Leicester Square. Dr. Kinglake and Mr. White, of Bath, finally established the value of the arsenical solution in lepra, psoriasis, and other diseases of the skin. It is but just to the name of Mr. Hughes, that this exposition of the discovery of Fowler’s solution should be given, and it is but equally just to the other members of the profession, named above, that the credit of their applications of the remedy should be awarded to them respectively. We are accustomed to speak of Fowler’s solution as though it belonged entirely to him, whereas, when all the facts are told, he had perhaps less to do with its invention and with the discovery of its virtues than any other physician whose attention was turned to arsenic as a remedy. Thus, often does mere accidental position give name and history, and it would be but just, in rectification

of a long prevailing and great error, to call the well known arsenical compound from this time forth 'Hughes' solution.' "

11. *Erosion of Lead by Insects*.—A letter to the *Times*, signed "Y," states that the erosion of lead by certain species of insects is not generally known, and may be extremely mischievous. Not long ago it attracted the attention of the French Academy of Sciences, and several communications upon it have been published in these proceedings, the *Comptes Rendus*. In 1858 Marshal Vaillant exhibited to the Academy leaden bullets brought back from the Crimea, in some of which the larvæ of insects had excavated circular passages three or four millimetres in diameter; but nothing of the kind had been detected in the cartridges of the Russian army in the Crimea, and the insect which damaged the French cartridges appears to have been imported in the wood of the cases in which they were packed. The insects do not eat the lead, but simply bored it out. In 1833 Audouin exhibited to the Entomological Society of Paris sheet lead from the roof of a building deeply grooved by insects. In 1844 Demarest mentioned erosions of sheet lead by a species of Bostriche (*B. Copulina*), and illustrated the fact by cartridges from the arsenal at Turin. Mr. Westwood, the well-known British entomologist, has recorded observations on the perforation of lead by insects. M. Bouteille, curator of the Museum of Natural History at Grenoble, sent to the French Academy of Sciences, from the collection under his charge, specimens of cartridges gnawed by insects, which were found *in situ*, and the reports on the subject by Marshal Vaillant, de Quartrefages, and Milne Edwards, state the insect to be *Sirex gigas* a large hymenopterous species, which in the larva state, lives in the interior of old trees or pieces of wood, and which, after the completion of its metamorphosis, quits its retreat for the purpose of reproduction. Schurer-Kestner, in 1861, communicated to the French Academy a notice of the erosion by an insect of the sheet lead of a new sulphuric acid chamber. The creature was caught in the act of escaping through the lead, having been imprisoned between it and a wooden support. But perhaps the most interesting and important case of insect erosion is that of stereotype metal, which was communicated in 1843 by M. du Boys to the Agricultural Society of Limoges.—*Chem. News*.

12. *Smoking as a cause of Fatty Heart*.—Dr. Henry Kennedy, in a paper read before the Surgical Society of Ireland, on fatty heart, makes the following observations on the influence of tobacco smoking in its production :—

"I must notice one [cause of this disease] which has year after year been gradually forcing it elf on my attention, till it has now reached the strongest conviction in my mind—I mean the habit of smoking, which, I believe, I have traced in many instances to have been the predisposing cause of the disease. No one is more aware than myself of the difficulties which beset a question of this sort, nor the great opposition which, for obvious reasons, it is likely to meet.

Still, the opinion has not been taken up hastily, nor, as I think, without such a proof as the subject admits of. All will recollect that within a very few years a paper war was carried on in the pages of the *Lancet* on the effects of tobacco, and the opinions expressed were sufficiently contradictory. Amongst them all, however, I did not observe one point noticed which seems to my mind of great importance in this question. It is the fact that if any one, no matter what his temperament may be, gets out of health, so that the powers of his system are lowered, he must then either lessen his smoking or give it up entirely. I have met no exception to this statement, which every one may test for themselves—as, for instance, in case of paralysis, no matter how slight they may be. From the fact, however, I conclude that tobacco, besides other effects, is a depressor of the nervous system, and that there is a constant antagonism going on between it and the healthy state of the constitution, and when used too freely it ultimately engenders a state of health which is very apt to be followed by a fatty heart. At any rate, whatever the explanation be, the fact is as stated above, and I have seen now too many cases of fatty heart, in what are called heavy smokers, to have any doubt on the matter.

“This day, 4th March, a case which strongly confirms some of the remarks just made came under my notice, and for the third time. The patient, aged 34, is a man of full height, made in the very finest proportions, and remarkable, or at least was, for great physical strength and activity. He has always been strictly temperate as regards strong drink, but is the heaviest smoker I recollect to have met. About three months since he began, and without any cause he could discover, to lose flesh and strength very rapidly, and his wind, as he called it, became so short that he was compelled to give up active exercise. He now looked pale and depressed, having had a cold, which he found it hard to shake off. He told me, he had at my wish, twice tried active exercise since I last saw him. On the first trial he got through it but badly; on the second he was forced to give it up, as his breathing became so hurried and his heart beat so violently. It seems scarcely necessary to add that he had been driven to give up his darling tobacco.

“Except the pulse, there is nothing in this case to indicate disease. The two sounds of the heart are distinct and unattended by murmur. There is no increase of dull sound on percussion, nor can I say that the impulse varies from health. Whilst he sits, however, the pulse beats but 48 in the minute, and it was just the same from the first time I saw him. It is large and full to the finger, under which it passes slowly, and is readily compressed. Any movement at once increases the beats, and more than occurs in the healthy state.

“Now, in this case I have scarcely a doubt that the heart has become fatty, and most probably in the worst form; I mean where the muscle itself has degenerated. Yet, he tells me, he passed a physician, and had his life insured just five months since!”—*Dublin Med. Press.*

13. *An Excusable Error in Diagnosis.*—A laborer received a blow on the thorax, spit blood, and complained of a severe pain in the front of the chest. The physician consulted, attributed the hæmoptysis to the blow he had received. This, however, was a complete error, illustrating the fact that the sources of error are so numerous in medicine, that the observer must always think twice before pronouncing an opinion. This man, after receiving the blow, while slaking his thirst, had swallowed a leech, which had fixed itself behind the tonsil, and gave rise to the discharge of blood. It could only be detached by drawing in fumes of tobacco by the mouth.—*Med. Times and Gazette*, Oct. 22, from *L'Union Med.*

MARRIED.

HALL—COWLES.—In Ipswich, Mass. on the 21st of Nov. 1864, Dr A. B. Hall, of Boston, to Mary P. eldest daughter of Rev. John P. Cowles.

Our good wishes attend the future of our old correspondent—well known to the readers of the *Lancet* and *Observer*, as our Boston contributor.

OBITUARY.

Dr. Abraham Brower. Just as the old year passed away, and the new one was entering upon its journey—one of the honored relics of a past generation, departed from earth, to enter upon his new course of happiness and usefulness. Concerning the death of the venerable Dr. Brower, we take the following paragraph from one of our city morning papers:

“Announcement was made yesterday of the death at Lawrenceburg, Indiana, of Dr. Abraham Brower, at the advanced age of ninety-four years and two months. This venerable man, was, perhaps, the oldest physician, at the time of his death, in the country, and had but few cotemporaries in any profession. The years were generous in their dealings with him. They spared him his faculties until a late day, and allowed him to be, above all aged persons, the most interesting we ever met. His memory was fresh concerning the times of his youth, calling him back to the formation of our Government and the men who were prominent in the history of its early administration.

His retention of his physical and mental powers to so advanced a period is the more remarkable when it is known that in his early life, he was delicate and of a most susceptible organization. His life was graced by an elevated Christian sentiment that endeared him to his friends as a particularly precious relic of a past generation.”

Prof. Benj. Silliman, senior, Died at his residence, New Haven,

Nov. 24th, ult., aged 84, for many years the able professor of Chemistry, in Yale College.

Heinrich Muller. The German journals announce the death of Heinrich Muller, Professor of Medicine at Wurzburg, from Erysipelas. Also, May 13th, ult.—Rudolph Wagner—the well known physiologist.

Dr. Wm. Pepper. Died at his residence in Philadelphia, on the 15th Oct. ult. Dr. Pepper held an honorable position in the profession of Philadelphia. He was for many years one of the visiting physicians of the Pennsylvania Hospital. He graduated at the University of Penn., in the year 1832. On the resignation of Dr. George B. Wood, he was selected to fill the chair of Theory and Practice of Medicine in the University, which position he occupied for several years, until compelled to resign on account of failing health. He was in his fifty-sixth year at the time of his death.

LONG-ISLAND COLLEGE HOSPITAL, BROOKLYN, N. Y.

The Session of 1865 will Begin on Thursday, March 2nd, and end in July.

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Letters addressed to any member of the Council, will receive attention.

THE CINCINNATI LANCET AND OBSERVER

CONDUCTED BY

E. B. STEVENS, M.D., AND J. A. MURPHY, M.D.

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No. 2

Original Communications.

ARTICLE I.

Indigestion—Its Causes and Treatment.

By A. P. DEWEER, M.D., Professor of Principles and Practice of Medicine, in the Charity Hospital Medical College, Cleveland, Ohio.

That a system of organs so numerous and complicated as the digestive, should frequently get out of order, and fail to perform their appropriate functions, is not to be wondered at. The great wonder is that they maintain their integrity so long, for there is no part of the human system more universally abused than the stomach. Intemperance in drinking, gluttony in eating, and the violation of some of the principle physiological laws, which contribute to the healthy performance of their functions, are among some of the standard evils of our modern civilization; and indigestion and its concomitants are disorders which the physician is often called upon to treat.

The causes which impede and derange the healthy performance of the digestive organs are very numerous; we therefore have not space in this article to notice only a few of them. A very prominent case of indigestion, and one that is very frequently overlooked by the physician, is IMPERFECT MASTICATION. In mastication the teeth are the chief instruments, and indeed without them this process is never properly performed. It often occurs that, before the regular decline of life, while the other organs of the body are perfectly healthy, the teeth begin to decay, greatly to the annoyance of the individual.

causes which lead to this should be faithfully investigated by the physician, and in his intercourse with patients he should take occasion as opportunity may afford, to remonstrate against such practices as may have a tendency to produce their early decay, in the younger members of his charge. When lost by decay or mechanical injury, they should by all means be restored by the dental art. Human life has, no doubt, been prolonged by this art; and many an individual has been rescued from the horrors of indigestion, by a nicely adjusted set of false teeth. In seeking after the causes of indigestion, and the remedies, we should not neglect to inquire particularly after the process of mastication, and see that it is well performed. Every link in this wonderful chain is of infinite importance; if one be broken and defective, it destroys and lessens the integrity of the whole.

Taking large quantities of water, or any other kind of fluid, directly before or after eating, is a very common cause of indigestion. When fluids are received with food, they must first be taken up by the absorbents of the stomach, before digestion will commence; for the stomach refuses to secrete gastric juice in any considerable quantity, as long as much fluid is present in it. Consequently digestion must be delayed in proportion to the quantity of liquid which is received with the food. Hence the practice that many individuals are in, of taking large quantities of tea or coffee at their meals, is a habit highly injurious to the healthy performance of the digestive functions. When too much water alone is taken, the consequences are bad enough, but when narcotic stimulants are added to it, the effects are far more injurious. Alcoholic stimulants, in particular, of all kinds, impede digestion, and seriously injure the coats of the stomach. There never was a greater delusion in the world than the supposition of some physicians, that the moderate use of alcoholic drinks assist the digestion. Some tell us that a glass of brandy after dinner is healthful and productive of chymification. I ignore such teachings, for it not unfrequently leads to an untold amount of misery. Persons predisposed to indigestion, should be cautious against taking too much fluid with their meals.

Another common cause of indigestion is, eating between the regular hours for taking food. The stomach, like other organs of the body, requires its periods of repose; and when deprived of them, it soon becomes deranged. And I have not the least doubt, but that the habit of taking frequent luncheons has done more to derange the digestive organs than any other. A morbid appetite is thus created, the digestive organs lose the harmony of their action, and indigestion and all its miseries is the sequel. A small quantity of food, even a simple cracker, is sufficient, an hour before dinner, to destroy the appetite for that meal; and consequently the food must be forced down, or perhaps taken an hour later than usual; the result, however, is the same—derangement and imperfection of the process of digestion. This is not all; the habit of taking food between meals is induced and confirmed, and all its evils entailed upon the wretched victim.

Many individuals have an idea that they should always eat whenever they experience a sense of hunger; but the experience of a few weeks will convince any body that this is a great mistake. Persons who suffer from even a slight derangement of the digestive organs, are frequently tempted with a morbid appetite, which is seldom appeased by crowding the stomach with the food. Cases of indigestion produced by this cause, frequently come under the eye of the physician, and they can only be cured by a rigid observance of the physiological laws that govern in the case. Drugs alone will not suffice. The patient must abandon the habit of taking luncheons, resist his morbid appetite, and rectify all injurious practices which have a tendency to derange the general health.

Indigestion is often produced by eating articles upon which the gastric juice has no power to act; such as the husks or seeds and the rinds of many fruits. Who has not observed that dried currants, and the pips of apples swallowed entire, reappear unchanged among the egests. Whatever passes the stomach unchanged by the gastric juice, passes undissolved through the whole of the alimentary canal, provoking disorder in its transit; forming sometimes a nucleus for intestinal concretions.

Various conditions of the mind have a powerful influence on the digestive functions. Anger and grief will suspend their action almost immediately. And if food be taken just before a paroxysm of anger, in some cases it will produce vomiting and abdominal pains. If an individual would enjoy good digestion, he should always cultivate a serene and cheerful frame of mind.

Such are some of the extrinsic causes of indigestion; but we have some internal causes, which are more formidable and difficult to manage. And most conspicuous among them is that form of the disorder, which is produced by a deficiency in the gastric secretion, whereby the process of chymification is imperfectly performed. To fully comprehend this cause of indigestion, it will be necessary to take a brief survey of the nature of the gastric fluid, and the office which it performs in the process of digestion. The gastric juice in some of its physical attributes and chemical constituents is not unlike saliva; it is, however, distinctly acid to the taste; and contains a considerable portion of free hydro-chloric acid, and also some acetic acid. It also contains muriates and phosphates, soda, magnesia, and lime. It possesses the power of coagulating albumen in a eminent degree; it is a powerful antiseptic, checking the putrefaction of meat; and it is an effectual restorative of healthy action, when applied to old fetid sores, and foul ulcerating surfaces. It will keep for many months, without becoming fetid, if excluded from the air.

From the experiments of Dr. Beaumont, on St. Martin, it appears that the quantity of gastric juice secreted by the walls of the stomach depends rather upon the general wants of the system than upon the quantity of food introduced into the digestive cavity. From repeated experiments he found that when the gastric juice had become saturated it refuses to dissolve any more; and if an excess of food was taken, the residue remained in the stomach, or passed into the bowels in a crude state, and become a source of nervous irritation and pain for a long time. He also found in his experiments, that when St. Martin was suffering from even partial derangement of health, the mucous membrane of the stomach presented various and

essentially different appearances. In ordinary ephemeral fever, no matter what its cause—obstructed perspiration, undue excitement by alcoholic stimulants, overloaded stomach, fear, anger, or whatever depressed the nervous system—the villous coat became red and dry, at other times pale and moist, and lost its smooth and healthy appearance; under these circumstances the digestive secretion became vitiated, greatly diminished, and sometimes entirely suppressed; the coat of mucous scarcely perceptible, the follicles flat and placid, with secretion insufficient to prevent the papillæ from irritation.

When this condition exists the sequence must always be indigestion. And you will commonly find the following symptoms very definitely marked in a case of this kind. The complexion is slightly sallow; the pulse is soft and frequent; the respiration somewhat hurried on the most moderate exercise; the tongue furred and the appetite impaired, frequent nausea or vomiting, thirst, mental depression, headache, and in some cases pain in the stomach, and between the shoulders; the bowels are for the most part constipated or irregular; flatulence, spasmodic pain or cramp in the abdomen, pain across the chest, and tenderness on pressure over the epigastrium; the urine high colored, scanty, and sometimes loaded with the triple phosphates, with an increase of its specific gravity. The patient also complains of a sense of exhaustion, and in some instances of a loss of muscular power.

When these symptoms result from different causes, you will frequently find them very much modified. In most cases the deficient secretion of the gastric fluid does not arise from a plethoric condition of the system, but generally the reverse; sedentary occupations, want of exercise, mental depression, abuse of the sexual organs, or insufficient or improper food. Hence, in some instances, we find loss of appetite or a fastidious one, pain in the head, the tongue slightly injected in its papillæ, and whitish fur upon it, though in many cases the tongue is clean, large, and indented; there is sometimes nausea, or actual vomiting, the bowels are constipated or very loose; a sensation of weight comes on after eating, frequently followed by a throbbing sensation in the abdomen, with lan-

guor and drowsiness; at other times there is faintness, and when undigested food passes through the pylorus into the duodenum, violent cramp or spasmodic pains is produced; or aliment may be retained in the stomach many hours, and in some cases even days, in a crude state; the secretion is not sufficient to dissolve it; the irritation produced by the retained food aggravates the disorder, and fermentation and decomposition is set up, and an infinite number of *torula cells* are speedily developed, which produce flatulence, heartburn, and sometimes agonizing gastralgia.

In the treatment of this form of indigestion, where there is evidence of crude matter in the stomach, it will be proper to administer an emetic of ipecac; after this, if the disorder has become chronic, small alterative doses of blue pill, with podophyllin may be given two or three times a day; by this means the portal system will become freed from engorgement, and sufficient secretion take place; should a sense of exhaustion or debility be present, your patient will derive great benefit from taking one of the following pills three times a day:

R Mass. pill, hyd. x. gr.; sulph. quinia xxx gr.; ext. nucis vomica xv. ext. rhei. xxx. m.; ft. mass divide in pill No. xxx.

Great care should be taken in the selection of the food, the quantity in which it is taken, and the time. Most of our standard medical authorities recommend a diet composed principally of animal food. Coffee is preferable to tea, and ought to be taken without milk or sugar. A moderate quantity of bread, and a little fresh butter are admissable. A piece of boiled beef cold, a small cup of coffee, and a slice of bread and butter are quite sufficient for an individual's breakfast suffering under this form of indigestion. Dinner should consist of lean beef or mutton, well roasted, with boiled rice, bread and butter, with such other articles of diet as are easily digested. For supper a piece of bread and butter, with a cup of weak tea is all that should be allowed. He should also be instructed to avoid all the causes, which have already been pointed out, as producing indigestion, and should be directed to take such exercise as is adapted to his strength, habits, and taste. We should see, however, that it is always sufficient in degree to

produce gentle perspiration, without causing exhaustion, and of such a kind as will interest the mind, and afford employment to the whole man, body and soul, for they have a wonderful influence upon each other, and in our efforts to cure disease, we should not overlook the great sympathy which exists between them.

Much benefit is frequently derived in this disorder from sponging the body each night and morning with tepid water, or water saturated with common salt, and immediately rubbing it with a coarse towel. An occasional sponge bath, and the judicious employment of the cold shower bath, will be useful. In some aggravated cases of this affection I have seen good results following the employment of a wet bandage over the epigastrium. Saturate a napkin in a strong solution of salt and water, apply it over the epigastrium, cover it with a piece of oil silk, and confine it to its place by a roller. This may be changed every time the napkin becomes dry. After a few days it will produce an eruption of small pustules, when it may be discontinued.

The heartburn connected with this form of indigestion, may commonly be corrected by the use of lime water and liquor potassa. I have generally been in habit of employing them in the following formula :

℞ Liquor potassa, ℥ii. ; aqua calcis ℥vi. m.

A tablespoonful of this may be taken in milk, or some other bland fluid, immediately after each meal. The same indication may also be filled by ten or fifteen grains of carbonate of magnesia, or soda taken immediately after the usual meal, in a few tablespoonfuls of cold water. Heartburn which is constant and of long standing, and particularly where the urine is loaded with the oxalate of lime, will sometimes very speedily yield to the use of the nitro-muriatic mixture, when every other therapeutic agent has failed. In very obstinate cases of heartburn attended with constipation of the bowels, I have frequently employed the following with the greatest success :

℞. Sulph. mag., sulph. soda, aa. ℥ii. ; nit. acid, 3ss. ; muriat acid, ℥i. ; aqua. distil. ℥viii. Dose, a small tablespoonful, in a wine-glass of cold water after each meal.

When the stomach is very irritable, soda water, or effervescent salines with hydrocyanic acid, may be given. The carbonic acid acts as an anodyne to the mucous membrane of the stomach, and the saline, when present, helps to relieve portal congestion.

Flatulence is frequently a distressing symptom of this form of indigestion. In some cases it may be relieved by hot mint tea taken in small quantities after a meal. Where this fails you may try the compound galbanum pills, of the United States Dispensary; these will almost always afford relief.

Where there is anemia, as after miscarriage, where the loss of blood has been very great, indigestion for the want of gastric fluid is not unfrequent. Indeed I have often met with cases where the secretion of this fluid appeared to be entirely suppressed, and it was with the greatest difficulty that the simplest article of food could be digested; there was no blood out of which to elaborate gastric fluid. To correct this state of things, you should not attempt at first to give solid food, nor active stimulants. The first cannot be digested for the want of gastric fluid, and the latter prevents its secretion. You will succeed best in restoring the blood, and thereby the secretion, by such articles of food as are absorbed from the stomach almost without the action of the gastric juice; such as bread jelly, animal jelly, and the essence of beef, in connection with the milder preparations of iron, quinia, and hydrastine.

But there is another cause of indigestion, more common than most physicians suppose, and one that very frequently escapes his notice. It is that form produced by functional or organic disease of the kidneys. The nausea and vomiting which attend granular degeneration of the kidneys, are, no doubt, frequently sympathetic. This is easily understood when we trace the wonderful nervous connection which exists between the lungs, stomach and kidneys. There is, for instance, the renal plexus of nerves, they connect with the semilunar ganglion; then the pneumo-gastric nerve with the gastric plexus, and thus a perfect chain of connection is formed between the parts, and in health there is a beautiful band of union existing be-

tween them; they sympathize with each other in health and disease. Hence we may have deranged and impeded digestion when any of the links in this chain are suffering from irritation or any special morbid agency.

But aside from the sympathetic action, which exists between the kidneys, there is another cause of indigestion springing from their disease, which has been very clearly demonstrated; namely, the altered condition of the blood, consequent upon the failure of the kidneys to eliminate the ureates, and their being poured out with the gastric fluid, thus acting as an irritant to the stomach, and deranging its healthy functions. In this form of indigestion very little benefit is derived from remedies addressed exclusively to the stomach; we must direct our attention to the kidneys, and employ medical agents that will overcome the blood poison, and restore it to its normal condition. Let me cite an instance from my case book illustrating the diagnosis and treatment of this form of indigestion:

Mr. B., a wood dealer, age 40, of the nervo-bilious temperament, came to me June 29th, 1862. He gave the following history of his indisposition. It commenced about nine months since; previous to that time he had usually enjoyed good health, with the exception of occasional attacks of slight indigestion, which would last for a few days, and then gradually subside. This present difficulty commenced with a severe pain in the pit of the stomach, just after an ordinary meal, attended with nausea and vomiting, which would cease after the stomach was thoroughly evacuated. These paroxysms, at first, commonly occurred just after the morning meal, every day or every third day—the dinner and supper occasioning but little discomfort. When he came to me they followed nearly every meal, and for the want of nourishment he has become very much emaciated. During the past six months he has been under the treatment of several physicians without the slightest benefit.

He now complains of a burning heat at the pit of the stomach, and a dull heavy pain across the loins; pulse very small and irregular, indicating marked depression of the nervous forces; tongue slightly coated in the center with a white fur,

and red at the edges ; skin very dry, and when the fingers were gently brushed over it, the odor of urine is readily recognized by the sense of smell. He complains of thirst, cannot retain but little fluid of any kind, and vomits nearly everything in the form of solid aliment ; bowels costive, urine scanty and of a high specific gravity, 1033 ; urea and uric acid are deficient, while the triple phosphates are in excess. A careful physical exploration of the epigastrium elicits nothing abnormal. His mind was gloomy, and he felt no disposition or ability to attend to his vocation. He has been married seventeen years, and his wife has no children ; has been a slave to the use of tobacco, and admits excess in the indulgence of the venereal propensities.

From the absence of any organic disease of the stomach, we concluded that the dyspeptic trouble was altogether functional ; and from the abnormal condition of the urine, the heavy pain across the loins, and the strong odor of urine upon the skin, that the chief cause of his malady was in the kidneys ; they had ceased in a great measure to eliminate the ureates, hence the blood was poisoned with them, and the whole organization was suffering, and the stomach in particular.

The indications for treatment appeared to be three : 1st. Restore the kidneys to their proper functions. 2nd. Quiet the irritable stomach. 3d. Eliminate the poison from the blood.

The chief trouble in the kidneys was congestion ; to relieve this the patient was ordered to be cupped every second morning (three cups over the region of each kidneys,) until the operation was repeated four times, after which iodine paint was to be applied over the same region every day, until the skin was thoroughly vesicated. His bowels were to be moved with a pill composed of five grains of calomel and one-half grain of podophylin. After which he was directed to take *ten drops* of the following three times a day, in a wine-glass full of warm mint tea :

R Strychnia, gr. i. ; acid nitric, 3i. ; acid muriatic 3ii. ; aqua. distill. 3i.

For diet he was allowed a tablespoonful of bread jelly, and

one of animal jelly every four hours. For drink a small wine glass full of warm mint tea occasionally.

This treatment was continued from day to day with marked improvement. By degrees the urine increased in quantity, the ureates become more abundant, and as they increased the triple phosphates diminished, and in the course of eight weeks, when there was not a trace of them to be found, my patient could digest with ease, bread, butter, boiled beef, potatoes, and rice pudding; and in three months he was restored to his usual health.

With the exception of a few grains of quinia, and citrate of iron no other therapeutical agents were used, besides those mentioned above. Such cases teach us the value of a chemical and microscopical examination of the urine, in all its obscure and difficult causes and derangement of the digestive organs. AND NO PHYSICIAN CAN TREAT CASES OF THIS KIND, UNDERSTANDINGLY, WHO IGNORES THE USE OF THE MICROSCOPE.

ARTICLE II.

Some of the Prominent Features of Scarlatina.

BY THOMAS WRIGHT, M.D., BELLEFONTAINE, OHIO.

A dogmatic style in treating of scarlet fever would be insolent. In what follows I will endeavor to merit the praise of modesty.

A division of labor always conduces to success, in difficult undertakings. An inquiry into the essential nature of matter, is of the highest interest and importance, although the ultimate nature of matter can never be demonstrated. Disquisitions upon the occult vital processes in disease, and in the disease scarlatina, are also highly useful in many ways; although the exact character of those processes may escape the senses, and be incapable of demonstration. But as the hidden character of matter in its ulterior condition does not prevent its manifestations in the aggregate, and as we can study its geography, and conformation, and the relations of its various divisions, even throughout the universe, so the obscure processes of

disease, do not forbid us to study its characteristics in its full tide of development.

There are, then, two aspects through which disease should always be viewed ; one *theory*, which is useful ; the other *fact*, which is essential. These are too often mingled and confused one with the other. They should always be kept distinct, but, in a full disquisition, associated. I propose now, only to give succinctly, some of the traits of the full grown malady—scarlet fever—touch upon, as it were, some of the prominent features of its physiognomy :

1st. Scarlatina possesses some of the characteristics of *the plague*. I will not enter into any disquisition on this topic, but I am prepared to adduce many reasons to show, that scarlatina, though not the plague, is a branch, if I may so speak of that disease. The plague, of Athens, about 430 years before Christ, was much like scarlatina, that is, *malignant* scarlatina. The plague mentioned by Gibbon which began in the 15th year of Justinian, was somewhat different, but had some of the characteristics of scarlatina, especially a tendency to death by mortification. It was however *carbuncular* in its general features. About the year 1610, a plague, extending from Africa, (the source of all plagues) spread into Spain, and progressing to Naples, in the space of eight years, destroyed about fifty thousand lives in the Neapolitan territories. This is the first that is positively known of scarlatina. Had it ceased its ravages here, scarlatina would have remained a historical disease, like other tremendous scourges spoken of by annalists. But it remains ; sometime mild, and almost beneficent, but too often exhibiting all the virulence of the fiercest, and most deadly plagues. Sixty years after its appearance in Spain it was seen in London ; and Morton described it as a variety of measles, 1672. Three quarters of a century afterward, Huxam speaks of it, still as a variety of measles, 1745–1750. A century after Morton, Watson wrote his description of scarlatina, *London Med. Observer, and Inq'r.*, vol. IV.,) which has not been improved upon to this day ; but is very closely followed, or copied, by modern writers.

If, as is probable, contagious and gangrenous plagues origi-

nate in violations of the laws of nature and of God, of which whole nations are guilty, it is a solecism in propriety to expect a sudden and complete remedy for them, at the hands of man. They must be gradually eliminated from the earth by slow gradations, and varying modifications, as they have been gradually generated.

2nd. We have seen that the earlier writers on scarlatina, esteem it to be a modification of measles, and as having no relation with plague. And as their descriptions and treatment were both established with reference to its relationship with measles ; and farther, as their descriptions, and their treatment, and indeed the success of their treatment have never been improved upon up to the present time, as history and statistics prove,—it seems to be proper to take new observations, and endeavor to adduce new principles for determining the character of scarlet fever, and the treatment best adapted to abate its ravages. There are plenty of *honest* observations recorded, bearing upon all sciences. There are very few *true* ones, however, relating to any one of them. Correct observation is valuable in proportion to its infrequency. Inefficient reasoning is harmless if it is based upon truth. More fortunate reasoners will readily remedy the false deductions ; but when imperfectly ascertained facts become the basis of thought, all reasoning, either good or bad, is a maze of error and bewilderment, which must, when practically applied, end in disaster.

3rd. There are good reasons for believing that the virus of scarlet fever is not developed within the system, but that it comes exclusively from without. The exhortations of the physician to *be careful* during an epidemic of scarlatina, and the efforts of people to strengthen and sustain the system, and increase the resiliency of the constitution, fail entirely in limiting the spread, or controlling the violence of this disease. Persons of good habits, and good constitution, are subject to the disease equally with those of vitiated strength and impaired powers of endurance. Indeed, so far as the *violence* of the attack is concerned, the remarkable fact has forced itself upon my notice, that the majority of fatal cases, and especially those marked by indications of true *malignancy*, are found in the

better class, and among the most carefully protected patients. And when poverty is an attendant upon the disease, the worst attacks are in subjects of robust constitution. Were impure air, deficient nutrition, light, and clothing, or even deranged functions, causes in the production of scarlatina, the opposite phenomena would be produced—the most fatal cases would be found in the hovels of the poor; whereas the consequences of poverty has, in my opinion, a beneficent effect with respect to the violence of the attack, and course of scarlet fever.

4th. So remarkably has my observation impressed this conviction upon my mind, that I have sought an explanation of it. Without doubt the virus of scarlet fever, like that of many other diseases, gradually accumulates in force or in quantity, in a latent manner, until the powers of the system, the organic sensibilities, no longer able to ignore its presence, suddenly succumb and resign themselves to the dominancy of the insidious peccant influence. They have become exhausted by, perhaps a long, although (to the mind and relative senses) an unconscious struggle, and antagonism. As certain articles of glass-ware may be so treated in the process of cooling, that all the particles entering into their composition are on a *strain*: and although perfect and substantial to the eye, yet the smallest impulse will cause them to fall into impalpable dust, so scarlatina, silently invading the system, makes no *apparent* alteration in the feelings, health, or strength of its victim, until it becomes thoroughly impressed and saturated with the venom of the disease, when the system suddenly gives way, and resigns the actions of the vital processes to a pathological dominion, while the body dissolves away in innumerable ulcers, or in rapid decaying putrefaction.

In the healthy and strong, the tenacity of the constitution resists the final dominancy of scarlatina, until the whole system becomes impregnated with the disease. The nervous system becomes hopelessly debilitated in the prolonged struggle. The conservative powers, unable at length to prevent the invasion, are incapable also of conducting in any degree toward a cure. The nervous vigor being overcome, the circulation no longer is under its proper control. Irregular congestions take

place, without a hope of relief; while putrefaction, and gangrenous degeneracy are progressing with terrific rapidity in every position of the structure. But in the weakly subjects, amongst the poor and abject, the invasion, meeting with a less determined resistance, begins to develop its peculiar characteristics sooner. Before the elasticity, and the recuperative powers of the system are completely exhausted by a fruitless conflict with an insidious foe, before the force of the disease is fully developed in all its crushing power, the constitution surrenders a portion of its office, and some one of the milder forms of scarlatina becomes established. It only remains now that it shall pursue its course, maintaining throughout its duration, the original mild type of its advent.

5th. For there is reason to believe that there is not a gradually augmented depravation of the blood and solids, as connected with the direct presence of the virus of the disease, during the course of scarlatina. The poison will manifest itself in no more violent degree at any time during the course of the malady, than in its beginning. The recognized types of the malady, with their well-known diagnostic marks, prove the assertion. Mild forms are known from the first; and malignancy exhibits its characteristics from the start. A mild attack assuming malignant symptoms, proves no exception to the rule; because a greatly disordered organ, or even functions of the body, may, unquestionably terminate in malignant disease, even under the impulse of a mild attack of any eruptive disease.

6th. There is reason indeed to suppose that there is a constant elimination of a morbid virus from the system during the entire progress of scarlatina. A case is related by Marshall Hall, in which measles first invaded a patient; but scarlatina being present also, after a short course of measles had apparently reduced the amount of the poison of that disease, scarlatina prevailed in strength, and its symptoms became developed, which in a few days becoming exhausted, measles again appeared and run the usual course. There is a strong suspicion, however, that the above example is more illustrative of the elimination of measles than of scarlatina. It is my opinion

that in this respect both diseases stand upon the same footing.

Because scarlatina may increase in danger from the beginning, the increased danger need not be occasioned by any increase in the virulence or strength of the disease. The virus may not be in such relation to the constitutional powers in the beginning as to threaten danger; and yet from many causes, as the malady proceeds, those powers may so rapidly degenerate, as greatly to increase the *relative* virulence of the poison, although its absolute power may remain the same, or even be really dismissed.

7th. Scarlatina is a universal disease. It affects the entire structures. The skin being sensible to the eye and touch, affords a ready criterion as to the violence and progress of the disease. It is strictly a structural disease; but affecting every membrane, tissue and molecule of the body. These local structural derangements preponderate, they are secondary effects, and not essential to the malady. The proof lies in the attendants and sequela of the disease. Generally it will be found that the portions of the body in which the organic changes are most rapid in health, are the same which suffer most during the sway of the malady. The structures in which the organic changes are slow, show evidence of disease or rather of *injury* arising from disease, long after scarlatina itself has disappeared. These evidences are really *new maladies* having nothing in common with scarlatina proper. They are called *sequela*, and properly are sequela, or *subsequences*. They are sundry affections of the bones, serous membranes, the ducts of glands casting off epithelia, &c. They occur in a prostrated system of course; but with that exception they require precisely the same treatment they would if they arose under any other circumstances.

8th. Scarlatina is a disease attended with an essentially depressed and depraved vitality. A slight attack of scarlatina, and sufficient to paralyze the nervous sensibilities, it is true, causes the recuperative and conservative forces of the system to assume a remarkable degree of activity. But this only indicates the really fatal tendency of the disorder frightening, it may be said, the vital powers into great activity in order to

preserve the integrity of the structure. But when the violence of the disease is greater, and is uncontrolled by natural or artificial means, its tendency is always to produce an *active* gangrenous degeneracy of all the structures of the body. Let those who esteem mortification to be only a passive state, found only in the absence of vitality and under certain favorable surroundings, take notice of the expression, *actively gangrenous*. At death we have the spectacle of putrescency already far advanced. It is often much more complete than it would have been presented had the same structure been suddenly deprived of life, even before the slightest evidence of scarlatina was perceptible. This is always the termination of malignant scarlatina. And other terminations must be ascribed to the original mildness of the attack. Ordinarily there is no termination to the inflammatory actions attending scarlatina but resolution or sphacelus. When abscess occurs, the disease is always a subject of hopeful treatment. It may be a long time before the patient is cured, but a new element is engrafted upon the disease in such cases. Inflammatory action of a different kind from the specific, one belonging to scarlatina proper, raising it may be, the tolerance of the system, acting in short like a healthful stimulant, must be recognized; and it must be regarded as an exception to the ordinary course of scarlatina. I think it is really a fortunate and salutary complication of scarlatina, with active, and, under the circumstances, beneficent inflammation. Certainly no rational objection can be urged to the proposition that scarlatina is a disease of remarkable debility. The excessive reaction observed in common attacks of scarlatina, evinces the danger recognized by the vital forces, from any conflict with that disease. While the coldness and complete sinking of a patient under the more grave attacks of that malady, are the harbingers of death, either by gangrene, or by congestions occurring too suddenly and extensively for mortification to become fully established.

I do not know that I have anything to offer specially upon the subject of treatment. As for prophylaxis, I know of nothing that is really beneficial. Belladonna, from its powers in depraving the general system, as evinced in its tendency to re-

tard the development of puberty, by blunting, I suppose, the finer sensibilities of the nerves—may be beneficial upon a principle discussed in the first part of this paper.

Scarlatina is not a functional disease; that is, it is not a disease arising from functional derangements. Of course a treatment directed to functional derangements, no matter what good may arise under accidental complications, will do no good in modifying this actual power and scope of the essential malady, namely, *scarlatina* itself. It seems to me that the treatment by stimulants, (abandoned because it was discovered that a throwing of the disease upon the skin was not the proper indication of cure,) might be properly continued upon the principle that the malady, is from the first dangerous from *asthenia*. For my own part I have divided my treatment of scarlatina with what might be termed *essential* and *adventitious*; that is, into treatment for scarlatina proper, which is pretty constant in its characteristics, and treatment for any co-relative indications that may arise. The essential treatment (in cases where treatment is really indicated) is stimulant, tonic, and antiseptic. In this I use quinine, the chlorides, and iron. I usually give them together in the form of syrup; say, for instance, chlorate of potash, quinine, and anhydrous sulphate of iron, dissolved in water, and an extemporaneous syrup made with sugar—a dose may be given from 3 to 6 hours apart. The muriated tinc. of iron, with sulphate of potash and quinine would afford the same elements in the prescription. I am satisfied with the result of this treatment in my hands. It seems to make a new sensation upon the nervous system; and it reduces the frequency of the pulse and increases its volume. The remedy withdraws the vital processes in a certain degree, from the fatal domination of scarlatina, and assumes itself a more benignant authority. A burn is relieved by stimulating applications upon the same principle; and a nervous headache with an irritable pulse is removed in the same manner, by a drink of hot punch. The local treatment in the anginose variety, may be either very hot, as capsicum, salt, and whisky, or very cold, as ice. In short it should be antiseptic, and such as to make a *change of action* in the affected vessels. As for the adventi-

tious treatment, the emetics, the physics, opiates, and effusions, that depends entirely upon so many varying circumstances, that it can only be determined upon, in the presence of the patient. In mild attacks a limited adventitious treatment is the most that will be desirable; but in the graver forms of the disease, the essential treatment is the only one that any real hopes can be based upon; and if there is any neglect of remedies at all, those should be ignored which do not have direct relations with the sinking and gangreous tendency of scarlatina itself.

I have not quoted authors or cases; I prefer to appeal to the observations of enlightened physicians to sustain my positions. Without they sustain the principles of this essay, cases reported will not do it. If they do coincide with me, reports are unnecessary.

ARTICLE III.

Cases of Puerperal Fever.

BY J. C. REEVE, M.D., DAYTON, OHIO.

There being many questions of great interest relating to puerperal fever upon which the profession is divided in opinion, it would seem proper for every practitioner to place upon record what he may have observed of the disease. Yet this report is not prepared with any expectation of its value in reference to undecided questions; the number of cases is quite limited, although more than it has ever been my lot to meet with before in an equal period of time. It has been prepared principally in hopes that it will elicit other reports of like character from other practitioners in neighboring counties, or throughout this section of country. For aught I know an epidemic of the disease may have prevailed not far distant during a part or all of the time embraced, of the influence of which these cases were manifestations; if so, it would be particularly interesting to learn the fact, or if sporadic cases have occurred to note the resemblances and the differences between those and these here reported, so far as a sketch will enable it to be done.

My observation of puerperal fever during the year 1860 amounted to five cases seen, and wholly or partially treated, and I have knowledge of two other cases, making seven in all. Of these seven cases six proved fatal and one recovered. Four of them occurred in the city of Dayton and three in the country around. Of the patients three were primiparous and four multiparous. In regard to the season of the year, one occurred in January, one in February, one in June, one in July, two in November and one in December.

As to the character of the labor, (I attended three of the cases myself,) two of them, both primiparous, may be classed as severe; the first stage in one being long and painful, and to moderate the suffering, the inhalation of chloroform was resorted to, but to no unusual extent or protracted period. The other was delivered with the forceps on account of insufficient pains, the head had rested in the perineum a considerable time, but there were no constitutional symptoms arising from protracted labor, and the application of the forceps and delivery were without any difficulty whatever. In the third case labor was particularly easy. Of the other four, I know that one was delivered with the forceps, two presented nothing unusual, and of the other I have no knowledge. The character of the disease varied very much in the five cases seen by me. Had I not already been convinced of the multiform character of puerperal fever by the graphic essay of Gooch I certainly should have been from the observation of these cases. As two of them were exactly alike, yet the five cases which I saw might be divided into two classes, of which I should term one *inflammatory*, the evidences of peritonitis being well marked; and the other *nervous*, the worst of the disease seeming to fall upon the nervous system, and the symptoms of abdominal inflammation being slight. Three belonged to the former division, and among these was the one who recovered; and two to the second. I will present them briefly in the order in which they occurred:

CASE I.—Occurred in January, residence in the city, primiparous. Of this case I saw nothing.

CASE II.—February, residence in the country, primiparous;

labor severe, chloroform inhaled. Valuable time was lost in this case by the patient relying on domestic remedies. The disease inflammatory in character, mind unaffected, death by asthenia.

CASE III. June; residence in the city; primiparous, labor protracted rather than severe, delivery with forceps. This patient seemed to present an illustration of the form of the disease mentioned by authors in which it commenced before delivery. There was great soreness of the abdomen during labor; she complained much upon moving about, and could not bear to have any one walk across the floor; and this before any suspicion arose that the case might require instrumental aid. There was no initial chill to mark the beginning of the disease, the only case in which it was absent of those personally observed. It was only partially treated by me. I did not see its termination.

CASE IV.—July; residence in the city; multiparous; labor very easy; patient did well until 48 hours after delivery, when she had a chill, followed by a second one the next day. No marked symptoms of inflammation, disease nervous in character, delirium coming on early in the disease and being strongly marked when compared with the febrile symptoms.

CASE V.—November; residence in the country; multiparous; no labor for fourteen years; forceps. This case not seen.

CASE VI.—November; residence in the country; multiparous; nothing unusual about the labor. This patient was seen in consultation three days before death, and on the tenth day after delivery. Her condition was then hopeless; the symptoms were nervous, muttering delirium, with a very feeble pulse. So entirely absent were the usual symptoms of abdominal inflammation that the firmest pressure on every part of the abdomen failed to elicit the slightest evidence of tenderness, yet the patient was not unconscious of other similar impressions and responded to them readily.

It will be seen that these cases were too far removed from each other to approach an epidemic character, and, so too, were they to favor any appearance of contagion, or the transmission of the cause of the disease by the practitioner from one

patient to another. Of the cases attended by myself labor occurred with one in February, with another May 31st, with the next July 17th. And again there was no lack of opportunity to convey the disease, as many other cases were attended by me during the time I was treating these patients. By reference to my obstetrical memoranda I find that while case II. was under treatment I attended one case of labor. I went directly from the delivery of case III. with the forceps, (the case in which there seems a probability that the disease began during or before labor), to a patient five miles in the country, and in a neighborhood where I had at the time a case of erysipelas; found delivery had taken place, and profuse flooding was going on. I then introduced my hand into the uterus for the usual delivery of the placenta. And during my attendance upon the fever I attended three other cases of labor; one of them a protracted labor, to which I was called in consultation and delivered the patient with the forceps. During the treatment of case IV. I delivered two patients. All of these did well in every respect.

I am aware that a vast amount of *negative* evidence will be overbalanced by a very small amount of *positive* testimony in regard to the transmissibility of a virus, or cause of the disease from one patient to another by the practitioner. These facts are not stated with any idea that they are of any value as bearing upon the proof or disproof of that proposition, but they will certainly serve as some comfort to those practitioners who are so unfortunate as to have cases of puerperal fever fall into their hands, and still be compelled to continue in practice. Few of our profession in active life could withdraw from obstetrical business for several weeks every time they were called to see a case of puerperal fever; and although I know of no authority maintaining that puerperal fever is always communicable in this way, still it would seem no less than prudent to take some such steps, if it be true that on the occurrence of a single case of puerperal fever in his practice, the physician is bound to consider the next female he attends in

labor, unless some weeks, at least, have elapsed, as in danger of being infected by him.*

In regard to the occurrence of *erysipelas* at the same time with any of these cases, it was my misfortune to have two fatal cases of this disease during the year, one in April, the other in May. Both patients were female infants; in both it commenced on the genitals and extended thence up over the body and down the limbs; in both the fever was high, the redness vivid, the induration great, and the suffering extreme. This suffering, I may take occasion to state, was more effectually relieved by anointing with waxen lard than by any other application; and the number tried was not few. During my attendance upon one of these cases, case III occurred; yet I not only attended in the three labors before mentioned, but an additional case occurring before these, and in none of them did any bad symptoms arise. I cannot, therefore, recognize any influence of the one disease upon the other. While attending the second case of *erysipelas*, I attended one case of labor, the patient doing well in every respect.

I regret very much that I am unable to give any very definite account of the *treatment* of these cases of puerperal fever. I preserved no notes of the cases at the time, not expecting to publish anything in regard to them. So far as I know, depletion was not resorted to in any of them; in all but one of the cases seen by myself the time had evidently passed by for that remedy, if at any time it might have been used. In this case I regretted that I had not bled; I gave *veratrum viride* freely, and this was the patient which recovered. In some of the cases venesection did not seem at all admissible.

* *Puerperal Fever as a Private Disease.* By J. L. L. .

Clinical Lecture.

Clinical Lecture on the Treatment of Measles in the Adult, and the Use of the Sulphites in Zymotic Diseases. By ROBERTS BARTHOLOW, A. M. M. D., Professor of Physics and Chemistry, Medical College of Ohio, one of the Physicians to St. John's Hospital, etc.

GENTLEMEN :—The measles of adult life as it occurs in public institutions and in the army, is a much graver form of the disease than the measles of children. They differ in degree, however, not in kind. In the former, the pulmonary complication is more frequent and severe. The character of the eruption, the period of its appearance and decline, the stage of desquamation, and the morbid anatomy, with the exception I have just stated, are very much the same in the child as in the adult. These points of resemblance, as indeed, the clinical history of measles, it is not my purpose to present to-day. I desire, more especially, to bring before you some views of the treatment of this disease based upon a somewhat elaborate study of its pathology. I submitted one hundred cases as they were admitted into the hospital to careful analysis. I was the more induced to enter into these investigations for the reason that camp measles exceeds in fatality typhoid fever; twenty-five per cent, or one in four, the records show, die of this disease. It may be questioned how far this mortality depends upon the disease, and how far upon the treatment employed. It appears that the pneumonic complication is usually treated as is the idiopathic pneumonia, by the antiphlogistic remedies and regimen, by antimonials, mercurials, and by the common round of expectorants. Aside from the treatment, the morbid anatomy of camp measles indicates a very grave and fatal form of disease. But I hope to show you that the antiphlogistic treatment is neither rational nor scientific, and that a blind stimulant treatment, which is the other extreme, is even more mischievous. Let me present to you the case in connection with which I propose to make these remarks:

“Michael Fox, aged 18 years, was admitted into the hospital on the morning of the 4th inst. He had some fever and was laboring under so much confusion of intellect as to be unable

to give a rational account of himself. On the following day, the so-called crescentic patches of measles appeared on his face, forearms and other parts; his eyes were injected and watery, the nares tumified—in a word he had coryza; and a physical exploration disclosed extensive bronchitis and incipient pneumonia of inferior lobes of both lungs. He lay in a stupor during the day, was delirious at night, and could with difficulty be induced to take food and medicine; He passed three or four liquid stools daily; coincidently with the development of the pneumonia, the chlorides disappeared from the urine. The eruption declined on the second and disappeared on the third day after its appearance, when the epithelial layer of the epidermis began to fall off, (desquamation). On the sixth day after his admission, and probably the ninth of his disease, the chlorides re-appeared in the urine; there was an increase in the quantity of that excretion, urates being abundant, and there was a sensible amelioration in the head and thoracic symptoms; his intellect becoming clear, and air entering the inferior lobes, subcrepitant and mucous rales taking the place of bronchial voice and bronchial respiration. He is now rapidly recovering.”

Let me give you the treatment pursued in this very severe case. It consisted in the administration every second hour of a mixture containing two drops of Norwood's Tincture of veratrum viride and five grains of the acetate of potassa; in the application of turpentine stupes to the chest, in inunctions of the whole cutaneous surface with the olive oil, and in the use of beef tea and milk diet. No stimulants were administered until the chlorides reappeared in the urine, when he was ordered an ounce of wine every four hours and eggs were added to his diet. I did not, as I am in the habit of doing in these cases with great effect, apply ligatures to one or the other thigh for the purpose of removing from the general circulation, temporarily, the blood which could be thus confined. This treatment as I have remarked is based upon the study of the morbid anatomy of this disease. In the large number of autopsies of measles made by me, it has happened me to find in all cases extensive engorgement of the lungs, so that they al-

ways filled, completely, the cavity of the thorax, and could with difficulty be withdrawn through the usual opening in the parietes. Lobar and lobular pneumonia, usually the latter in the early stage and both in the further progress of the case, advanced to the stage of gray softening, invariably existed, accompanied by intense capillary hyperæmia of the bronchial tubes, (capillary bronchitis). The right cavities of the heart and the pulmonary artery were in these cases filled to their utmost capacity with large venous coagula, whilst the left cavities were empty. Characteristic changes also, were found in the glandular apparatus of the small intestines; prominence and turgescence of the solitary glands, advanced in some cases to softening and ulceration. In cases complicated with head symptoms, were found congestion and hyperæmia of brain substance, fluid in the ventricles and in the sub-arachnoid space.

The symptoms in the case before us indicate all the lesions I have decribed. There were the indications of pulmonary engorgement and consolidation in the labored respiration, in the labored action of the heart, and still more conclusively in the physical signs; the liquid stools were characteristic of the lesion of the intestinal glands; and lastly, stupor and delirium were the objective signs of the hyperæmia of the brain.

Now, gentlemen what were the therapeutic indications in the case? Clearly

1st. To moderate the force and number of the cardiac pulsations. 2nd. To keep out of the general circulation during the state of engorgement of the lungs, pulmonary artery and heart so much of the venous blood as could be confined in the inferior extremity by a ligature to one or the other thigh. 3d. To maintain the functions of the skin and kidneys on account of their mutual interdependence and vicarious relations, and to favor the excretion of urates and chlorides by the kidneys, (coction and crisis). To uphold without stimulating the vital powers during the first or eruptive stage. 5th. To support by wine and nutrients the vital powers when the desquamative stage commenced and critical discharges (appearance of the chlorides in the urine and increase of urates) supervened. 6th. To apply counter irritants to the chest.

The first indication seemed to be met by *veratrum viride*. The second was neglected in this case, but should not be omitted in cases of severity. Inunctions of the skin with olive oil and the administration of acetate of potassa fulfilled the third. The inunctions appeared to me to act in a two-fold manner—by preventing rude contact of the surrounding air with the sensitive integuments and by facilitating cutaneous transpiration. A diet of milk and beef tea met the fourth indication.

You observe, gentlemen, that I postponed the use of stimulants until the return of the chlorides to the urine and an increase in the quantity of urates gave evidence of the arrest of the morbid process and announced that the crisis had arrived, and that support was now needed. It were worse than useless to administer stimulants during the state of intense engorgement of the lungs, fulness of the pulmonary artery and right cavities of the heart, and labored action of the heart produced by these conditions and by diminished supply to the left cavities. Equally improper, as the results show is that other treatment by mercurials, by antimonials, by expectorants. If the resources of the patients system be not husbanded during the eruptive stage, it will not be in condition to effect those nutritive changes in the blood, in the pulmonary tissue, in the brain, necessary to the final elaboration and discharge of morbid matters. The application of turpentine stupes to the chest, the sixth indication, is a most convenient and manageable form of counter irritation, especially when blisters are inapplicable, as in the eruptive diseases.

The result of this treatment as exhibited in the case before us, is most satisfactory. The patient now able to walk about the ward, will, in a few days be perfectly recovered. How such a treatment would answer in the measles of children, I am unable to inform you. My experience as respects the treatment of this disease is entirely confined to adult life. As the disease, however, is the same in the child, although less fatal, I venture to assume that this treatment would be equally efficacious.

There is another interesting question connected with measles, to which I wish to draw your attention for a few minutes.

I refer to the theory proposed by Dr. Salisbury,* of this State, to account for the origin and propagation of measles. He has described a fungus, a variety of the *penicilium*, which is found on damp or decomposing straw, and this microscopic organism he considered to be the agent capable of producing all the phenomena of this disease. Experimental demonstration was not wanting to complete the chain of evidence. Persons inoculated with this fungus were protected against an epidemic of the disease then prevalent around them. But we know how frequently in medical investigations, the *post hoc* is confounded with the *propter hoc*. Several facts militate against this theory. Measles is a disease of dense populations, of crowds, and not of farm houses and country places, and hence if a fungus upon straw were the cause, it would be found more frequently in the latter situations. In the hundred cases of camp measles reported on by me, only fifteen had slept or lain on straw after enlistment. It will not surprise you that experiments are not wanting to demonstrate the negative side of this question. Dr. Woodward, of the Surgeon General's office and the author of an excellent work on Camp Diseases, has inoculated persons with the fungus, and the modified measles has not followed. Dr. Salisbury's affirmative experiments are open to the serious objection, that measles were prevailing largely at the same time, and the patients inoculated by him, and in whom he produced the modified disease, may have been exposed to contagion.

This is not the first time a fungus theory has been proposed to account for the origin and propagation of zymotic disease. Dr. Mitchell, of Philadelphia, published several years ago (1849) some lectures upon the cryptogamous origin of malarious and epidemic fevers, which excited a good deal of attention at the time. Latterly the zymotic theory of the propagation of certain forms of disease has become the fashion and as the SULPHITES arrest the vinous fermentation, it is assumed that the internal administration of them will arrest the zymosis which occurs in the blood in the so-called zymotic diseases.

* American Journal of the Medical Sciences, July and October, 1862.

All this is purely hypothetical. If the sulphites will arrest the development of the eruptive diseases or fevers, and prevent septic poisoning, it does not follow that they do this by virtue of the same power by which they arrest the process of fermentation. Vital and chemical theories have been proposed to account for the phenomena of fermentation.* The vitalists, of whom M. Pasteur may be considered the chief, assign the cause to the growth of a fungus derived from the great cells (*mycoderma* or *torula*). Berthelot, however, shows that nitrogenous matters when placed under favorable conditions, will excite fermentation and that *platinum black* will convert alcohol into acetic acid. There is a total absence of any proof that vital or chemical acts corresponding to these take place in the human organism. Certainly, there is nothing to show the development in the blood of a fungus to produce the zymosis, and the chemical changes are beyond our ken. The use of the sulphites will probably prove the fashion for a period, and we shall have measles and all zymotic diseases, miraculously prevented or cured by this agent as the phosphites cured phthisis. Assuming, however, that the sulphites are capable of effecting all that Dr. Polli, the inventor of this plan of treatment claims, is there any evidence that the sulphites when administered, pass through the system as sulphites. It is a well known chemical fact that the sulphites simply exposed to the air in the moist state, are converted into sulphates. Can they escape this conversion in passing through the organism? Mr. Lea in the number of the *American Journal of the Medical Sciences* for the present month, shows that a small part of a large quantity given to a patient, escaped this conversion. I am myself making some observations on this point, and as to the therapeutic value of the sulphites, and when concluded I will exhibit the results to you.

* See *Traite De Chimie* par J. Pelouze et E. Fermy Tome Cinquieme, p. 203 et seq. Paris, 1863, in which there is a full statement of the views of Mitscherlich, Andral and Gavaudet, Liebig, Pasteur, Berthelot and others upon this subject.

Proceedings of Societies,

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Reported by C. P. Wilson, M. D., Secretary.

HALL OF ACADEMY OF MEDICINE, }
MONDAY EVENING, JAN. 23, 1864. }

Death from Chloroform.—*Dr. Wood* remarked, in regard to the death from chloroform at the Commercial Hospital, that it was not necessary to say anything as to the general condition of the patient, or the post mortem appearance, as the report of *Dr. Taylor* sufficiently covered these points. On that Saturday's clinic there were several operations to be performed, both minor and capital, those cases were operated on before the fatal case; all these, in fact all operated on that day took chloroform from the same bottle, and to all it was administered by the same person; one patient, just preceding the case with fatal termination, struggled violently and was much more affected than the one that died, though all unpleasant symptoms passed off after the struggling ceased. Next came this case to which the anesthetic from the same bottle, same cloth, and in about the same quantities was administered. The cloth used at the Hospital is a piece of muslin folded upon itself several times, and covered with a piece of oiled-silk; how long used there or by whom introduced he did not know, but supposed it was a matter of economy to prevent the waste of chloroform from its rapid evaporation, had never used this kind in his own private practice, but generally a handkerchief or thin piece of muslin or linen. The same cloth was used in all these cases. Now the error—if any error there was, and he was not inclined to attribute such to any one—was in the almost entire occlusion of the atmospheric air, from the lapping of this cloth, by which the patient got no air but all the time pure vapor of chloroform; the anesthetic was given and the man went under it kindly with no bad symptoms and his pulse good; the operation was performed, after which, while speaking to the class, he accidentally looked around and saw the man

gasp and that he was suffocating, he immediately withdrew the tongue and the man breathed ; waiting until he had drawn ten or more inspirations he again turned to the class remarking that such circumstances were not unusual, and that they must always be on their guard for them. After this he again turned his attention to the man and saw he was not breathing and was dead. Artificial respiration and other means were used, but did no good. When he turned the second time there was no pulse at the wrist, nor could he feel the heart pulsate ; he thought the heart ceased beating at the same time with the respiration, and that neither one had precedence of the other. As to the cause of death, the post-mortem reveals nothing with this exception, that the blood of a person under chloroform is driven from the periphery to the centre, from the meninges to the brain, and that there is great congestion of the nervous system of the head, the nervous blood being driven up to the brain.

He had always thought chloroform a dangerous article, and never was certain while operating but that the patient might die from it; he had used it since its introduction but always gave it with fear. Chloroform carried the blood to the great nervous centre, overpowering the brain, the nervous and the muscular system, and the heart. The reason why all cases do not terminate fatally is that we can produce anesthesia without overcoming the power of the heart, and the involuntary muscles, and that when the anesthesia is carried so far as to subdue the involuntary muscular system, death will always follow. Any one who has operated about the rectum and certain other portions of the body knows that the involuntary muscles are the last to yield, and long after the voluntary muscular system is yielded. In this case the man inhaled enough to overcome the involuntary system, and so died ; though there was no doubt there was some peculiarity or idiosyncrasy connected with the case, but what it was he could not say.

As to the pathological changes found after death they were not the result of chloroform ; that he was certain he had given chloroform where there was a much worse condition of the organs of the body, even where effusion into the lungs, and also

in cases of paralysis. As to the cases of amputations at the hip joint in the Crimea, spoken of by Dr. Buckner, he thought they should not be charged to chloroform, but rather to shock or hemorrhage. He was satisfied that he had given chloroform in some cases where without it they would have sunk under the operation, but by the aid of the anesthetic had stood the operation bravely, and contrary to expectation had done nicely afterwards. Thought chloroform a blessing to humanity, and that we should not be discouraged even though we did lose a case once in a while; but one thing, he would never again let a patient take it with so great occlusion of atmospheric air. As to ether and chloroform, even now after this death he had no more fear of the latter than of the former. After the introduction of ether and chloroform, he first used ether alone, but finding that he could not bring his patient to such a state of unconsciousness as to operate carefully, he next tried (as introduced by Dr. Reuben Mussey) a mixture of ether and chloroform; two parts of the former to one of the latter, with more satisfactory results. Ether he thought produced more struggling, restlessness and spasmodic excitement than chloroform; had seen cases where even the above mixture would not quiet, so used chloroform alone.

One fact he had noticed that persons accustomed to using liquor did not come under the influence of chloroform so easily and speedily as temperate persons.

The only case where he had ever been alarmed, with the exception of the recent case at the Hospital, was one where he used the mixture before stated, a young lady, full of good country blood came to him with strabismus, he did not wish to give an anesthetic for so simple a matter, but she being unwilling to undergo the operation without it, he without any preparation of her system gave her the mixture and operated; after the operation she suddenly ceased to breathe, and for fully ten minutes remained so before she was restored. His belief was that any agent that will produce anesthesia is dangerous, and if carried far enough will produce death; that of all the anesthetics, ether, chloroform, nitrous oxide, &c., no one of them is more dangerous than another.

Even though he had lost one patient, yet he was not discouraged, nor had he lost confidence in chloroform; and on the same Saturday administered it to another case just after one had died. It was an amputation of both feet; the chloroform was from the same bottle and given in the same way; the patient was under it much longer than the one preceding him; yet he did well and is now recovering nicely. Before administering chloroform he always prepared the system of his patients. As said before his theory is that under chloroform the blood is rapidly driven to the head and great nervous centre, as shown by the flushed face and turgid condition of the jugular veins, also that there is a prevention of the return of the blood from the brain, which does not pass off till the effects of the chloroform have disappeared; therefore to derive from the head and prevent this congested condition as much as possible he was always in the habit of purging his patient the night before; again, he did not allow the person to eat the meal preceding the operation—if in the morning no breakfast, or in the afternoon no dinner and a very light breakfast—he never would give it on a full stomach. This perhaps seems at variance with the idea of giving stimulants just before the anesthetic, but he did not believe in it, and unless his patient was very feeble or had been sick for a long time, or as sometimes happens comes to the table under great nervous restlessness he would not allow any stimulant whatever, and never would grant it if the patient is plethoric; if a patient is much reduced from a long illness he bears the chloroform much better than a strong plethoric person; that the reported cases of death from chloroform are generally in strong persons, in good general condition, such as have met with an accident, gun shot wound or something of that nature, and not in those who have been in bed for many weeks and been much reduced or emaciated. Not long since he performed an extensive operation on a woman whose pulse at the time of operation was 150, very feeble and almost imperceptible; she had been wasted by peritonitis and had considerable effusion around a large ovarian tumor; he drew from her a large quantity of water and then removed the tumor; under the chloroform her pulse

rose and maintained itself through the operation; no depression resulted from the drug though she died in some four weeks afterwards as expected.

Another fact, where persons have died from chloroform, the fatal result is not determined by the quantity of the anesthetic used, nor the time the patient is kept under its influence, but death very often happens where a small quantity only is used; for instance a drachm (3i.) and the person under it a very short time.

An the previous meeting of the Academy on the evening of the 16th the following account of the post mortem appearances was detailed by Dr. Taylor:

Record of post mortem examination of Henry V, 27 hours after death.

Large frame, corpulent man, apparently healthy. Post mortem rigidity well marked. On removing the body to the table a small quantity of dark colored thin fluid with but little froth flowed from the nostrils. The fluid had the usual odor of the discharge from the nostrils after death. Suggillation of depending parts of body, and over anterior surface of chest of lighter color than usual. The scalp was very full of blood which flowed freely from the incision. Dura Mater much congested, serum effused beneath arachnoid, and deposits of lymph on both its surfaces. The surface of medulla oblongata much injected; fine threads of lymph passing from lateral and under surfaces of medulla oblongata to the cerebellum. In right hemisphere of cerebrum the puncta vasculosa were more numerous than usual; a small quantity of bloody fluid in the lateral ventricles; threads of lymph passed from the floor to the roof of each ventricle; the choroid plexuses were pale and; adherent throughout their entire length; the veins of the ventricles were very full of blood; the velum interposition was covered by firmly adherent lymph. There was considerable fat on the external surface of the pericardium. On the upper and right portion of inner surface of pericardium were numerous patches of soft coagulated lymph; there was rather more than the usual amount of fat on the wall of the heart, but the museular structure was normal; the cavities were all empty;

valves healthy; the right pleural surfaces firmly adherent throughout most of their extent, and the lobes of right lung united by firm false membrane; the lobes of the left lung were also adherent, but the plural surfaces free. The epiglottis and mucous membrane of larynx dusky color; some small firm white deposits beneath mucus membrane of larynx; lungs crepitant only in lower portions; the entire upper lobes of both lungs splenified, the same condition to a less degree in the lower and posterior portions; the lower anterior portions were emphysematous; in the lower portion of right lung a small cretaceous mass was found. The blood was thin and dark colored, no coagula were found. There was no odor of chloroform exhaled by the body.

Dr. McIlvaine said that 16 years ago the 23d of next February the first accident occurred from the use of chloroform in the celebrated Simmons Case, and that in this it was said by *Malgaigne* that the woman did not die from chloroform but was choked to death; her blood exhibiting the same characteristics as found in a dog after fatal choking. He was glad a post mortem examination had been made, for if it had not, it would have been said the man died of heart disease—whereby from the examination there was no evidence of it—the heart and its valves being healthy. *Dr. McIlvaine* referred to a case of *Dr. Mussey's*, where the heart's action ceased, and life was almost extinct, but was restored by drawing forth the tongue, using artificial respiration, &c.; and he thought if in this case the tongue had been drawn from the throat and held there by piercing it with a needle armed with a thread, that the patient might not have died. That he did not think chloroform had anything to do with the death, and that the views of *Malgaigne*, in the Simmons Case, were right, and were applicable here. He said no article of the materia medica was administered so often with so few bad results, and did not think the anesthetic the cause of death.

Dr. Carroll said that he knew of two fatal cases from the use of chloroform in the summer in the hands of quacks.

Dr. Mussey thought these cases should be made known and put on the records of the Academy. He thought chloroform

inimical to life and had so expressed his views to the students at the Commercial Hospital only a short time ago. He did not like it, and often thought he would never use it again. In one case he was preparing to tie the carotid—during the administration of the anesthetic—(a combination of chloroform and ether) the pulse flagged, and heart pulsated faintly, so that they were compelled to desist from the further use of the anesthetic; when the pulse came up, at a little interval, at the direction of his father, (Dr. Mussey, Sr.,) they re-administered it, but on arriving at a certain point the same symptoms occurred, and they were again obliged to stop; and so for a third time with the same result, compelling him to desist entirely from the operation for that day. Ten weeks afterwards he operated on this same man, tying the carotid and removing the mass, and the man sunk under it. He believed the vitality of the patient was impaired by the previous administration of chloroform, and that the result was somewhat influenced by it; for certainly the man's general health and powers of endurance were not as they had been before the anesthetic was used.

In another case, of impassable stricture of the urethra with perineal fistula, for four successive times, they brought the man to that point when a rigid spasm came up, so that they had to suspend the operation. The man not being willing to undergo the operation without chloroform, is still about, having had many fistulæ. Dr. M. thought chloroform more apt to produce these effects than ether, which helps to sustain the action of the heart, while chloroform from its sedative powers depresses it.

On being answered as to the time artificial respiration was kept up—Dr. M. said in the case alluded to by one of the members, he had almost given up the artificial respiration, and at last thrust his finger into the glottis without success; again produced artificial respiration, for a while ceasing, to make a thrust and a second thrust into the glottis, which was followed by a spasm of that organ; then he continued the artificial respiration till the man breathed freely and naturally. For $7\frac{1}{2}$ minutes there was no voluntary respiration or action of the

. The recent case at the Hospital was a sad and an im-

portant one for us to draw instruction from, and to reflect upon as to whether it was the fault of the agent or a mechanical one. The latter in his opinion generally being the first cause of trouble:

Dr. Fries said he had given chloroform and ether separately, and the two mixed, a great many times; for the last six or seven years he had used nothing but pure chloroform. The only alarming case he had ever seen was fourteen years ago in a case of lithotomy; just as he was about to extract the stone, under the use of chloroform and ether equal parts, the breathing suspended; but fortunately a gentleman of highly excitable and nervous temperment (*Dr. Roelker*) was present and he quickly drew forth the tongue and respiration returned. He had seen great distress and irregularity of breathing, but generally it was in those cases where the two anesthetics were mixed; he would not use ether because of the great distress it causes patients. *Dr. F.* said there were certain precautionary measures which he always regarded, namely, never allowing the administration of the chloroform without first preceding it by a full dose of some stimulant; never giving it except in the horizontal position; also the more rapidly you produce anesthesia in your patient, the more likely you are to have a safe result; if you give it slowly, in small quantities at a time, frequently removing the cloth to give the patient air, fatal issues will occur, the blood becoming most thoroughly impregnated with it by this tedious process. The handkerchief should be held concave over the mouth, in such a position as to allow the free passage of air from above downward, and he was satisfied you would bring your patient under full anesthesia in half the time and with half the quantity of the agent by compelling him to inhale it through the mouth, rather than through the nostrils. He had experimented upon himself to the state of unconsciousness four different times by merely dipping the point of a handkerchief in chloroform and placing it between the teeth.

Dr. Richardson was somewhat surprised at some of the remarks of the gentleman, (*Dr. Fries*), for while he knew of no death from ether, he knew of several from unmixed chloroform.

He proceeded to speak at some length of the details of a case some years ago on Vine Street in this city, in which a heroic operation was performed on the face, in which case he thought if the patient had died of shock or loss of blood, she should have died on the table, and she died too soon to be from the secondary effects; in his opinion she died from the effects of chloroform. In another case, a patient of his a healthy woman with vesico vaginal fistula, he gave a mixture of chloroform and ether, it was a protracted operation, and during it would frequently permit the woman to return almost to consciousness, and then again etherize her. After the operation she had considerable difficulty of breathing, so that he was considerably alarmed, and visited her again that night in view of this trouble. Her lips were livid, face palid, and breathing asthmatic; it was two or three days before the bad symptoms passed off. In another case he gave it to a gentleman for the purpose of having teeth extracted; he gave it continuously but at a certain point the man became rigid and he was obliged to desist. He repeated the trial two or three times with the same result; thinking the whole trouble arose from nervous excitement, he directed the man to eat a light breakfast the next morning, and no dinner and repeat the effort at anesthesia. He gave him a dose of brandy and commenced the use of the chloroform, with precisely the same result as before. He thought there was no denying the fact that a large number of deaths have resulted from the use of chloroform.

Dr. Mussey said he knew of another death from chloroform in the army; a healthy young man of the 18th Regulars, for some trouble in his hand was operated on; chloroform was administered and the man died. The Asst. Surg. who operated attributed the death to the negligence of the person who administered the anesthetic.

Dr. Fries thought many of the cases lost were owing to the negligence of the person administering, and to the neglect of proper precautions. Sometimes the person administering the chloroform becomes absorbed in the operation, and the patient already chloroformed, continues to inhale the anesthetic beyond necessity, and of course safety. He had given

chloroform in several cases of midwifery practice with the happiest results.

Dr. Bruenn spoke in favor of chloroform—citing the conclusions arrived at by *Dr. Stone*, of New Orleans, confirming the opinions of *Snow*, that chloroform is in itself very dangerous in the hands of those who do not know how to employ it

Correspondence.

CASTLETON, IND., Jan. 30th, 1865.

DEAR LANCET:—After my morning bath and a thorough examination of my organization, to see if I possibly could detect any deficiency, that would be cause of exemption in the coming draft, I sit myself down to pen you a few lines and possibly for the last time, for *Father Abraham* has positively said that some of us must soon “right shoulder shift.” Oh, that a man had a slight rupture; I am not positive as to what portion of the *homo*-family I would prefer at present, *woman*, *baby*, or *cripple*, and no doubt many wish

“Backward turn, backward O, Time, in your flight,
Make me a child again—just” until this war is over.

One thing I do know as the result of this last call, it has developed many latent diseases; it is an exciting cause of disease. *Dear Lancet*, I am well. I find that I am *homo factus ad unguem*.

The past year has been a busy one for me; the character of the diseases I have been called upon to treat have been diverse, but the class of my patients monotonous, soldiers' wives and widows; and it would not be considered patriotic to ask one of them for your hard earned fee; so you see these are hard times for young physic; probably better times are coming when “this cruel war is over.” This is only probable, for I fear that our country is going to be overrun with *pseudo physicians*. Our Governor is excellent in many respects, but he has done very wrong I think in making the appointments to fill the medical staff of our regiments; the appointments have been made geographically with but very little relation to

medical qualifications; and as a result he has commissioned Homœopathic, degenerated Thompsonion's (Eclectic) preacher doctors, political doctors, under graduates, and a *few* of the regulars. It would be hard to get a regular physician to accept a position on the medical staff of an Indiana Regiment now; they do not like to be caught in bad company. Many of these conglomerated batch of quacks are returning, and going into practice, showing their commissions from his Excellence, and swearing that they are better than any diploma. They make a great blow about their experience in the army. There is a great responsibility resting on some one for all this; but if they do not mete out their just dues in this world I fear some of them will smell brimstone in the next. Do not think I am angry because I cannot get an appointment; I did receive a commission a long time ago, and was very anxious to get out again. I would rather be a private in the ranks than be compelled to be subordinant to some of these medical officers. But, as I said before, the Governor has sent out many good and worthy physicians who deserve great credit for the hardships they have endured.

Probably some of your many readers would like to know the final result of the man upon whom I performed double castration for masturbation. The case was reported in a number of the *Lancet* (May, 1861.) At the time I operated he was in a deplorable condition, partial insanity, epileptic attacks coming on three or four times a week, &c. At present he is a private in one of the Indiana Regiments. I am informed that he makes a good soldier and has regained his intellect to a great extent; he has never had but one epileptic attack since the operation was performed.

Respectfully,

J. I. R.

Reviews and Notices.

Man and His Relations: Illustrating the influence of the mind on the body: the Relations of the Faculties to the Organs, and to the Elements, Objects and Phenomena of the External World. By S. B. BRITTAN, M.D. New York: W. A. Townsend, publisher. 1864.

The skeptic is prone to dispute; but it is the province of the philosopher to reason.

Dr. Brittan is a man of very remarkable culture certainly, and every chapter of the book before us is replete with a singular fullness of information. We say information, rather than facts, for no one can candidly read these chapters, without feeling that the facts and fancy, the theoretical and demonstrated are so delicately intermingled, that a very ingenious mind will fail to draw the dividing line. But all science and criticism, travel, philosophy, poetry, history and romance, are in turn made to render their contributions to the subject in hand.

The author, we infer, is one of the original and sincere believers in the teachings of Mesmer. It is true he has given these doctrines a garb of unusual elegance, and thrown about these teachings so much of the witchery of eloquent and poetical writing that you are rather dazzled and led astray; but after all it is mesmerism.

About twenty years ago a very zealous advocate of biology flourished in this city, lectured on biology, and edited a biological periodical, known as the *Journal of Man*; this was Dr. J. R. Buchanan. Buchanan professed to believe that if a letter or autograph of an absent person were placed to the forehead of an impressible medium, he would read the character of the writer, would be *impressed* by the mind of the writer, would interpret the messages written, and that a sort of spiritual aura would so insensibly communicate between these two persons that the medium would even be able to express the sincerity of the writer—his honesty; so in like manner a lock of hair, a finger-ring, an article of clothing would be sufficient to place the medium in sympathetic communion with the absent party and, express to you their condition, occupation, thoughts and of course, for the lesser is only embraced in the greater,

tell you the state of health or disease. Many of our readers we presume recognize these wild and spiritualistic fancies of Buchanan. We were somewhat amazed to find these Buchanisms revamped and expanded with the authors personal experience in confirmation, forming the matter of Chapter XVII., treating of *Psychometric Perception*! Of the same spiritualistic character is Chapter XXIV., the subject *Mental Telegraphing*; the motto:

"And thoughts little sun fires penetrate the world,
And go where they are sent; thus mind meets mind
Though mountains rise and oceans roll between."

We take the following from a large number of illustrations of the experience and experiments of the author bearing on this matter:

"On one occasion, while spending a few days at Waterbury, Conn., I found it necessary to see a young man in the village. The immediate presence of the youth was of considerable importance to me, but not knowing his residence, place of business, or even his name, I could not send for him. In this emergency I undertook to telegraph to him, by concentrating my mind on the young man, with a fixed determination to bring him to me. Some ten minutes had elapsed when he came to the house and inquired for the writer. Meeting a gentleman at the door, he asked with much apparent interest, whether I wanted to see him. On being interrogated by the individual, he stated that a few moments before, and while actively engaged in his workshop—distant one-fourth of a mile—he suddenly felt that he must seek my presence without delay. He declared he was conscious of the existence and influence of some strange power, acting chiefly on the anterior portion of his brain, and drawing him with irresistible energy. His work being urgent, he resolved at first to resist this unaccountable inclination, but after a determined effort, found himself unequal to the task!"

There is a repulsive discourtesy in acting upon the impulse to discredit all such statements, but you must either raise the question of veracity, or afford a solution to the supposed fallacy, or accept the deductions of the author. Most lecturers and writers on mesmerism have been more or less skeptical in their religious views; perhaps the most of them practical infidels; and while Dr. Brittan quotes from the Bible with apparent reverence and respect, we find here and there expressions like

the following: "It is recorded that a surprising *virtue* went out from Jesus of Nazareth, and restored a woman who merely touched the hem of his garment." Of course this is indirectly a mode of explaining the alledged *miraculous* cure affected in that memorable instance by our Saviour, upon psychological interpretation.

We have not space to follow the book further; we can scarcely do justice to such a particular work in any moderate limits; to criticise satisfactorily the teachings of such a treatise would almost require a like volume. The student, and the reader of leisure will, notwithstanding its vagaries, find in its chapters a great deal of interesting matter, and, winnowing of the chaff, much that is truly instructive.

The book is gotten up by W. W. A. Townsend, of New York, and as a work of publishers' taste, is one of the handsomest we have seen in many a day; the paper and letter press is beautiful; and illustrating the work is a fine steel engraving of the author; we are not certain that this is the very best taste, but that question is offset by the opportunity afforded thereby of putting in practice some of the teachings of the book in studying the mental calibre and peculiarities of the author as exhibited in the portrait,

For sale by R. W. Carroll & Co. Price 3.50.

A Treatise on Military Surgery and Hygiene. By FRANK HASTINGS HAMILTON, M.D., late Lieut. Col. Medical Inspector, U.S.A., Prof. of Military Surgery and Hygiene, and of Fractures and Dislocations, in Bellevue Medical College, &c., &c., &c. Illustrated with 127 Engravings. New York: Bailliere Bros., 520 Broadway, 1865.

About the beginning of the present war, Prof. Hamilton published a small treatise on Military Surgery which was briefly noticed at the time in this journal. It was manifestly hurried before the profession as a manual to meet a supposed necessity; and although the edition was soon exhausted, the engagements of the author himself in the public service prevented any opportunity for its revision; and at this late date referring to this matter he remarks—"Having at length undertaken the revisal, it was found that four years of war had opened so many questions of interest, that the limits and scope of

the original volume were inadequate to this consideration ; and instead of a new edition, an entirely new work was demanded."

Our author modestly disclaims the record of the great progress which has been made during this civil war, nevertheless we have before us a large and in many respects very complete and valuable volume. We design at the present time rather to give our readers a biographical notice than a review, and shall not therefore enter critically into the consideration of this work ; we hope, however to present a fair idea of its plan and value. The topics discussed are arranged under the following subjects : Examination of Recruits, General Hygiene of Troops, Bivouac and Accomodation of Troops in Tents, Barracks, Billets, Huts &c.; Hospitals, Preparations for the Field, Hygienic Management of Troops upon the March, Conveyance of Sick and Wounded Soldiers, Gunshot Wounds, Gunshot Injuries of the Head, Gunshot Injuries of the Face and Neck, Gunshot Wounds of the Thorax, Punctured and Incised Wounds of the Thorax, Gunshot Wounds of the Abdomen, Punctured and Incised Wounds of the Abdomen, Gunshot Wounds of the Male Organs of generation, Gunshot Fractures ; Amputations, Exsections, Arrow Wounds, Traumatic Gangrene, Hospital Gangrene, Tetanus, Scorbutus, Anesthetics in Amputations, and other Surgical operations after gunshot injuries.

Some of the chapters are at the same time both attractively interesting, and highly important practically. Take for example chapter eighth, on the Conveyance of Sick and Wounded Soldiers. We have detailed, with illustrated wood cuts, the simple hand litter of General Jackson—made by stretching a bull's hide between two muskets—up to the most complicated ambulance of the present day, and the Hospital Cars introduced into the service by the Sanitary Commission from the pattern of Dr. Elisha Harris. The several chapters on Gunshot Wounds discuss these accidents with that scientific precision we would expect from the author ; we cannot follow him in a brief notice like the present.

In chapter twenty-two we have a very good review of the whole subject of Hospital Gangrene, though we cannot say that anything new is brought out ; it is contributed by Dr.

Frank H. Hamilton, Jr., and is based upon the writer's experience on duty in McDougal General Hospital, and the Central Park (N. Y.) General Hospital. Dr. H. confirms the value of bromine and the "permanganate salts" as local remedies in the treatment of this serious condition, and dwells upon the importance of good diet, whisky, and iron as general remedies.

The general appearance of the volume is very creditable to the publishers, the Messrs. Bailliere, of New York. The paper is good, and the type clean and satisfactory. We cordially commend the work to such of our readers as desire to keep posted in all topics connected with military surgery.

Price \$6.

Editor's Table.

Death by Chloroform.—We have to record another death following the administration of chloroform, in the Commercial Hospital of this city. The particulars of that sad event are so fully given in the Proceedings of the Academy of Medicine published in this number of the *Lancet and Observer*, that we refrain from very special remarks. It appears that at the usual clinical hour, several operations were prepared for the occasion. In this fatal case Dr. Wood had operated for the fistula in ano; the operation was completed, and the Dr. was making some remarks to the medical class present in the amphitheater. Up to this moment there had appeared no untoward symptoms, but these suddenly manifested themselves, and notwithstanding the usual means were resorted to, life was speedily extinct.

Notwithstanding we are all very much in the habit of styling and regarding chloroform as the greatest blessing conferred upon a race of beings subject to pain, yet the fact is more and more being forced upon the profession of its uncertain danger. Perhaps no therapeutic agent has been so indiscriminately used as chloroform, so frequently and so rashly administered, and yet as we become more familiar with its action on the system, we become more than ever surprised at the wonderful impunity with which it has been used. Nevertheless we agree with the remarks made by Dr. Wood before the Academy, *any* agent which will produce anesthesia is a dangerous agent; and chloroform only more dangerous than ether because of the energy and efficiency of its action.

In the meantime, we presume surgeons will scarcely be willing to dispense with anesthetics, and suffering patients will, despite its danger, insist on being chloroformed; and it becomes more and more imperatively important therefore that every precautionary measure be systematized to prevent the recurrence of these terrible accidents; amongst these we may name the careful examination of the pathological condition of each individual subjected to chloroforming; the due preparation of the patient immediately preceding the administration, that is to say, the amount of food, the state of the alvine dejections, the administration of a stimulant; then it is more than probable the mode of administration may not be sufficiently guarded by suitable apparatus; for example we see some of the London Hospitals have introduced an apparatus ensuring a due and uniform admixture of chloroform and atmospheric air; finally the administration of chloroform in capital operations should be uniformly confided to proper chloroformist who will have no other care, and allow no circumstance to divert his attention from his patient. In many hospitals this last precaution is becoming so well understood that a special chloroformist is appointed to the Hospital. But at any rate let us be sure in the event of fatal results that we have omitted no safeguard within the bounds of ordinary human foresight.

Hamilton County Medical Association.—We are glad to learn that an effort is being made to resuscitate a County Medical Society. Several meetings have been held and a partial organization has been effected—Dr. Mount, of Cumminsville, being elected President and Dr. Williams, of Cheviot, Secretary. The desire of those moving in this matter, is to secure the hearty co-operation more especially of the physicians of the county outside of the city. We are requested an adjourned meeting will be held in the Faculty room of the Ohio Medical College on the first day of March, proximo at 10 o'clock A.M. We hope every regular physician of the County will make it his pleasure and business to be present.

Commercial Hospital—Personal.—In an editorial paragraph in the last number of this Journal, we find an inadvertence which may lead to misapprehension, and we take this first opportunity for its correction. We spoke of the Surgical Staff of the Hospital as composed of Drs. Wood, Mussey, and Foote; we omitted thus the name of the fourth member of the staff, Dr. W. W. Dawson.

A Report of the Cincinnati Branch U. S. Sanitary Commission for the Three Years from Dec. 1st. 1861, to Dec. 1st, 1864.—This pamphlet has been laid on our table, and we find in its details of operations many interesting items—especially to those at a distance will be the following statements which we find in the report of a Committee from the Chamber of Commerce, who examined the Books and Accounts of the Commission.

In the three years, included in the report, there was expended in the purchase of sanitary supplies, in the support of the Soldiers' Home, and other aid extended to sick and wounded soldiers the sum of \$223,675.38; distributed various donation supplies; estimated, \$856,000.00; total, \$1,079,975.38.

It is further stated by the Chamber of Commerce Committee that the entire expense of these distributions, including clerk hire, portorage, drayage, printing, &c., &c., &c., is only \$18,167.39, or about $1\frac{1}{2}$ per cent on the gross amount. There remained in the treasury on the last day of December, 1864, \$86,246.20 invested in United States Securities, upon which the Commission draws as it has need, and in the meantime drawing the interest until wanted.

The simple list of the thousands of articles donated to and through the Commission is a matter of curiosity.

Narrative of Privations of United States Officers and Soldiers, while Prisoners of War in the hands of Rebel Authorities.—The Sanitary Commission have made a careful compilation in the shape of a large pamphlet report with the foregoing title. The public are already becoming familiar with the sickening details, and we have not the heart to enter into their repetition at this time.

Special Notice.—We are transferring our List to a new Mail Book and it is possible we may have made mistakes and omissions; also at this time of year our correspondence is heavy, and our letters on business of the Journal constant; should we overlook by mistake any of these, or fail to make due acknowledgement of receipts, in all these matters we ask the kind patience of our subscribers, and their reminder if we make omissions from any of these causes.

Commutations—with other Journals *once more*. We remind our friends that other publications—*Braithwaite, Atlantic, &c.*, are *not sent from this office*; from time to time we forward names and money to those several publications and they then are placed on their Books as though sent directly from the subscriber. The only advantage to

our subscribers is the deduction made by these publishers in favor of other publications which we turn over to our subscribers. So that in case of failure to receive a publication the proper course is to write at once to the particular publication in fault, and not to us; though if we are addressed we attend to the matter with pleasure in our earliest correspondence.

The Cincinnati College of Medicine and Surgery held its commencement exercises on Friday evening, February 3d, when the degree of M.D. was conferred on the following gentlemen: Geo. F. Adye, N. Jewitt Aikin, John C. Allen, Albert H. Baker, Chandler P. Chapman, Geo. W. Chittton, John M. Combs, John Draper, Wm. W. Ellsberry, Robert D. Froman, Jesse L. Henry, Isaac Holms, Wm. B. Hutchison, Thomas L. Irwin, Thomas Johnson, Peter W. Lee, Charles C. McKinley, Wm. A. Means, John M. Quigley, Wm. H. Raines, John Savacool, Geo. W. Stelle, Alpheus H. Underwood. The valedictory address was delivered by Prof. Daniel Vaughan.

Regeneration of Bone—In a biographical sketch of Prof. J. R. Wood, of New York, (in the *Med. and Surg. Rep.*) Dr. Francis states that Dr. Wood has reproduced almost every bone in the body by treating with profound respect the periosteum. His museum contains all the experiments on the human patient that were practiced on birds and quadrupeds by Duhamel and Flourens.

Examining Surgeon for Pensions.—Dr. J. S. McNeeley, of Hamilton, O., has been appointed Examining Surgeon.

Starling Medical College Hospital—We see it stated that a hospital is about to be organized in the city of Columbus in connection with Starling Medical College, which is to be placed under the management of the Sisters of St. Francis.

The Price Current of Messrs. W. J. M. Gordon, Bro., will be found stitched with the present number, and our readers especially in the country will find it convenient for reference.

Medical Colleges.—It is stated in the *Philadelphia Reporter* that the class this session in the Medical Department of the University of Pennsylvania is about 450 that of the Jefferson Medical College about 400.

Surgeon General of New York.—Dr. S. D. Willard, of Albany, has been appointed Surg. Gen. of the State of New York, by his Excellency Governor Fenton. This is a most excellent appointment. Dr. Willard has performed a grateful service to the Profession of his State as Secretary of the State Society—the present remarkable efficiency of which, is in a large degree owing to his individual and persistent efforts. We are pleased to see this appreciation of his worth.

Injecting the Isthmus Faucium of Children.—M. Guersant proposes a very simple instrument for that purpose. It consists of a hollow tongue depressor, the farthest end of which is perforated by several holes. At the near end is an aperture on which a syringe may be screwed. As soon as the tongue is fixed by the instrument the injection may be gently directed to the velum and tonsils.

Homœopathic Medicine.—Two children have been brought up at the Wisbech Police Court charged with stealing several bottles of homœopathic medicine from the shop of Mr. Finnell. It was said in court that they had eaten the contents of more than twenty bottles without “being better or worse for it.” The children were dismissed with a reprimand.

Obituary—WILLIAM SENHOUSE KIRKES M. D., died December 8th, 1864, of double pneumonia, with pericarditis, after an illness of five days. Dr. Kirkes was physician to St. Bartholomew's Hospital, and well known in this country as an author of an excellent hand book on Physiology. His age was 41.

Ophthalmological Department.

EDITED BY E. WILLIAMS, M.D., CINCINNATI.

Inoculation and Syndectomy.

In our late issue, I copied an article with report of cases, from the Royal London Ophthalmic Hospital Reports, with the above title, upon which I now propose to base some comments. In the course of the past eight years, I have published several communications in our Cincinnati Journal, on inoculation as a cure for pannus and granulated lids, with details of cases. A summary of these, with contribu-

tions on other points of ocular pathology, will be found in the transactions of the *Ophthalmological Congress*, at its last session, in the fall of 1862, in Paris. In that paper I made the statement to which I still adhere, that if all cases of confirmed and severe granulations were inoculated, without regard to the condition of the cornea, and then left alone without any further treatment, the proportion of *permanent* and *complete* cures would be much greater than that by any other plan of medication. Still, for prudential reasons, if nothing else, this course cannot be generally adopted. Knowing the risks and the severe nature of the treatment, I, with others, have restricted it to the inveterate cases described in the paper from Mr. Lawson. Those who have tried inoculation when the cornea was almost or completely obscured by vascular pannus, which had resisted all other treatment, where there was "little, if anything, to lose, and all to gain," have given one uniformly favorable and enthusiastic report. Why then cannot the editor of the *American Journal of Medical Sciences* excuse me for introducing and recommending this "*disgusting practice*" in this country? I would modestly advise him to relax the *levator labii superioris alaeque nasi*, and let himself down to the standpoint of that class of men who can see beauties in the white teeth of a defunct and decaying dog, or the rich gushing secretion of purulent conjunctivitis, when they are rendered *clean* by the eye of science or the heart of humanity. Let him *try* the practice, at least, before condemning it solely by the standard of his *contracted aesthetics*. Of course, between professional brethren, *advice gratuitous*.

Inoculation was first practiced by Frederick Jaeger, of Vienna, in 1812. Afterwards Piringier, of Gratz, used it extensively, and with the same brilliant results. Since then favorable reports of its employment have been published by writers in different countries, among them, many years ago, by Dr. Stout, of New York. The treatment met with severe criticism, however, but always from those who had never used or seen it used. Since the published experience of M. Hairion, in 1846, afterwards of Van Roosbroeck, and finally of M. Warlomont, in the *Annals d' Oculistique*, of January, 1855, inoculation has deservedly taken rank as a most valuable therapeutic agent in certain cases. It is to these learned and faithful promoters of ophthalmic science in Belgium that the credit of popularizing this valuable resource of our art mainly belongs. Till some safer and equally efficient remedy for the extreme cases to which it has as yet been restricted shall have been discovered, it will not only maintain

its place but the domain of its applicability will no doubt be extended.

M. Warlomont thinks it prudent to refrain from inoculation in patients where only one eye is affected, or both being diseased, only one is so veiled as to make its use safe. As a rule I agree with this suggestion, but have often deviated from it.

In the Commercial Hospital is a young, stout man, who has suffered extremely with trachoma of the right eye for eighteen months. I treated it for weeks and weeks, by the usual remedies, without material benefit. Some six weeks ago I inoculated the eye. The disease went through its regular stages and the eye is now rapidly recovering. The left eye, which had never been diseased, was kept carefully closed with patent lint, confined by strips of adhesive plaster, to prevent its accidental inoculation. After the suppuration had gone on two weeks the patient insisted on leaving it open, and as he was a very careful man I consented. The eye escaped, and he is now out of all danger.

I felt justified in my course with this case, for the following reasons: He is a poor, laboring man, and can ill-afford to lose time. He had suffered much and lost many months, without any prospect of recovering for months, or, perhaps years to come, so as to be able to work with impunity. He wished to be promptly and permanently relieved, result to the blind and useless eye what might! Inoculation is the only remedy, under such circumstances, which can and will effect a speedy and radical cure. Hence I adopted it, and the result has been most gratifying. The pannus, which formed so thick a coating over the cornea that he could see nothing, and the granulations which had proved so intractable, are absorbing like a charm: he already enjoys valuable vision with the eye, and in a week or two more may go to work without risk of the interminable relapses to which he has heretofore been a victim.

If both eyes are bad enough to require it, they should be inoculated at once, without any hesitation. If, for any reason, it is thought best to treat but one eye in that manner, the other should be carefully closed in the way described above, and kept so during the whole period of suppuration. It is well, too, to require the patient to lie exclusively on the side of the suppurating eye, to prevent the pus from running over the nose into the other. By these precautions, I have never failed to protect the eye from accidental inoculation as long as I wished.

I have now under treatment in the Marine Hospital a soldier who

had the worst granulations and the thickest pannus I ever saw. I had treated him for several months with the greatest care, but with no permanent benefit. The eyes were so obscured by panniform deposits and blood-vessels that his vision was reduced to the bare recognition of shadows. The irides were not visible, excepting a slight glimmering of that of the right eye, which was the last to become blind. I inoculated the worst eye, and on the third day the other began to feel uneasy under the bandage. I removed the dressing, and found it beginning to suppurate also. I only intended to keep it out of that one for a few days, and was not at all particular in my directions. The covering had become loose, and some matter got into the eye, so that I was saved the trouble of applying it myself. The eyes swelled very much and mattered most profusely for some four weeks. I then began to touch the everted lids once a day with a crystal of sulphate of copper. It is now about seven weeks since the application. The granulations, which were enormous, are rapidly disappearing; the cornea have so far cleared off that the pupils are becoming visible, and his vision is every day improving. In a few weeks more he will be well, and have very satisfactory, if not perfect sight; a result which could not have been attained by any other known remedy.

The eye of the first patient spoken of was the first patient inoculated from this one, and he from a case of acute gonorrhea. I have not observed the severer symptoms caused by inoculation with matter that has passed through one or more eyes after having been taken from the infant, as is alleged by Mr. Lawson in his paper. Neither do I think it makes much difference whether the pus used comes from gonorrhea, ophthalmia neonatorum, or gonorrheal ophthalmia. It is purulent conjunctivitis which results in all cases, and it runs the same course, and has the same effect, whatever may have been the source of the matter used. This is also the opinion of Warlomont, Van Roosbroeck, Hairion and other European authors. It is not always possible to find an infant with purulent conjunctivitis just when you want the matter, and I use indifferently that from any of the sources mentioned. The more decidedly purulent the fluid used, and the more recent and acute the case from which it is taken, the more severe are the results, as a general rule. But the degree of inflammation and swelling depends more on individual proclivities than the nature or the source of the inoculated pus.

As to the effect of a preliminary syndectomy in diminishing the risk of ulceration of the cornea after inoculation, I have had no experience.

The cases reported by Mr. Lawson seem to establish the fact that it does diminish the danger. Still further observations are necessary on that point. I hope it will prove true. If by a preparatory syndectomy the integrity of the cornea can be more surely preserved, the field for the application of inoculation will be greatly extended. There would then be no necessity of waiting for the veiling of the cornea, and till the case is next to hopeless, before risking a remedy so prompt, so certain and radical in its effects.

The removal of a strip of conjunctiva with the sub-conjunctival tissue and vessels, from an eighth to a quarter of an inch in width, and the energetic canterization of the denuded surface of the sclerotic, was first practiced by Dr. S. Furnari, in Algiers, among the natives. On his return to France, in 1842, he performed it for the first time in Paris. The operation was resorted to for the cure of obstinate cases of pannus, with or without granulations. An account of his operation, with details of cases, was published in pamphlet form, in 1862, and he has contributed other observations on the same subject to the *Annals d' Oculistique* and the Ophthalmological Congress. The title of the monograph is, *La Tonsure Conjunctivale, etc., par le Docteur S. Furnari*. It was recommended for the relief of pannus and other forms of keratitis, and in many cases undoubtedly it has been successful. Recently Dr. Bader, of London, has published accounts of patients treated by syndectomy, and given the comparative results of that treatment and those of inoculation. The experience of those who have tried both, in the same classes of cases, is decidedly in favor of the latter as affording the promptest, most certain and most durable results. The cases reported by Lawson, where syndectomy failed and had to be followed by inoculation, also prove this. If it diminishes the risks incurred by subsequent inoculation, that is an additional argument in favor of syndectomy. Wecker, in his *Maladies des Yeux*, just published, thinks on theoretical grounds that such an operation might endanger the integrity of the cornea by impairment of its nutrition. M. Hairion thinks well of it, but considers it inferior to inoculation as a remedial agent.

In conclusion, I wish to make a few suggestions in regard to the treatment of purulent conjunctivitis. When produced intentionally for the cure of pannus, no treatment is necessary, except when the inflammatory reaction transcends the desired limits, or especially when the cornea is threatened or actually attacked with ulceration. After the suppuration has lasted three or four weeks, I usually touch the

everted lids occasionally with sulphate of copper or a solution of nitrate of silver, to hasten the recovery.

In the treatment of purulent conjunctivitis of infants, nitrate of silver is the remedy. I use a solution generally of twenty grains to the ounce. The lids being thoroughly everted and held carefully so as to protect the cornea from the contact of the medicine, I brush the swollen conjunctiva as extensively as possible, and then wash it off with tepid water. For the first two or three days, if the swelling is great and the supuration profuse, I brush the lids twice a day. After the redness, swelling and discharge are decidedly controlled, once a day is often enough. In a week or so, as the case improves, the strength of the solution may be reduced to ten grains. It is astonishing to see how rapidly all the symptoms subside under this treatment. A single brushing often produces a very marked diminution in the swelling and the amount of discharge. Occasional cleansing of the eyes, by simply drawing the lids gently apart and drying off the matter with pellets of cotton, is the only other treatment necessary in the great majority of cases. Von Graefe, Desmarres, Wecker and others prefer the use of the stick composed of equal parts of nit-argenti and nit-potass, melted and run together, and reduced to a smooth pencil. After the everted lids are cleansed, this is passed rapidly over the conjunctiva of the lids and the cul de sac and the excess washed off with a solution of common salt. Care must be taken not to touch the cornea. Pure nitrate of silver, in substance, should seldom, if ever, be applied to the conjunctiva in any disease. It disorganizes the membrane, causing cicatrices, synechia, and other irreparable injuries. Even in using the compound stick as above described, there is danger of cauterizing too energetically, and hence I prefer the solution. The various other medicines and contrivances which have been recommended in ophthalmia neonatorum are so uncertain and so inferior, in all respects, to the nitrate of silver, *used in the right way, of course*, that I never rely upon them.

Systematic compression with cotton or lint applied over the eyes and confined by a compressive bandage, is too slow and uncertain a remedy to be confided in, when we have one so much better. Von Graefe, in the *Archiv fur Ophthalmologie* for 1863, under the head of "Druckverband," (compressive bandage), speaks of having tried it faithfully in purulent conjunctivitis, and abandoned it, except in ulceration of the cornea, prolapsus of the iris, or to relieve ectropium, when the blennorrhea is on the decline. Dr. Carl Stellwag, of Vienna, in his *Lehrbuch der praktischen Augenheilkunde*, 1861, page

355, recommends compression in this disease with infants as a valuable remedy. In many cases it is not well born, and in all we have a much prompter and surer agent in the nitrate of silver.

If ulceration of the cornea occurs, I resort to the local use of atropin paracentesis, repeated once or twice a day, *careful* daily brushings and a compressive bandage, applied in the manner recommended by Graefe in the admirable article cited above.

Purulent conjunctivitis in adults is more dangerous to the cornea than in infants, and does not yield so favorably to the use of the nitrate of silver. Still it is here also, by far the most reliable remedy which we possess. In addition to that, leeches applied to the side of the nose near the inner canthus of the eye, and compresses of ice water kept up day and night, are important adjuvants, especially the latter. Energetic and thorough brushings with ice compresses are the most to be relied upon. Free purgation and large doses of opium at night, to relieve pain and promote sleep, are also very useful. Ulceration of the cornea is the *great*, and, in fact, the only immediate danger in purulent conjunctivitis. How can that be prevented? If the remedies already mentioned do not arrest the disease and save the cornea I do not know what will. Free incisions of the chemosis, scarifications of the conjunctiva *after* the cauterizations, free division of the external commissure of the lids and paracentesis corneæ, often repeated during the acute stage of the disease, will sometimes disappoint us and the vision will be inevitably lost. If the cornea has already become involved, all known means of treatment are still more likely to prove impotent against rapid and destructive ulceration. Still they should never be neglected nor delayed. In a young man whom I treated last spring for gonorrhea ophthalmia I resorted to all these expedients, and yet he lost both eyes. One cornea had commenced ulcerating when I first saw him—the other was still clear. There was great heat of the lids, with enormous swelling, and most profuse suppuration, attended by extreme severeness and pain. I cauterized the everted lids with a twenty grain solution of nitrate of silver twice a day; scarified the conjunctiva; incised the chemosis; divided the external commissure of the lids freely, so as to increase the space between them and diminish their pressure upon the ball; made a paracentesis corneæ twice a day; used ice constantly, and a four grain solution of sulphate of atropia instilled into the eyes every two hours. The cornea, which was already ulcerated, was soon destroyed, and the other, which was at first clear, took the same course. One eye atrophied, and the other became staphylomatous. I remem-

ber a lady also whom I treated some years ago with the same unfortunate result. One of her eyes had been lost in a previous attack of purulent conjunctivitis. I treated the second eye in the way indicated above, and yet an ulcer formed at the lower margin of the cornea, and progressed till the whole of that membrane was destroyed. In some cases complicated with ulceration, I have performed iridectomy and saved the eye. In others it has also left me in the lurch. I mention

facts, not to disparage all treatment, for in most cases prompt and energetic measures will save the eye, but for the purpose of proving that we know of no *certain* means of preventing ulceration of the cornea in this frightful disease, or of arresting it when it has already set in. In all cases of severe purulent conjunctivitis, especially in adults, the physician should be *very reserved* in his *prognosis*, and only promise to do the *best he can*. If the cornea is clear and free from ulceration to-day, it is encouraging, but you can not be certain that to-morrow will not find it invaded by destructive ulceration.

Diphtheritic conjunctivitis, which is a modified form of purulent conjunctivitis, requires more caution in the use of the nitrate of silver, and a different course of treatment in some other particulars, but I cannot speak further of it now. It is still more dangerous for the vision than frank purulent conjunctivitis, but is fortunately rare in this country.

Editorial Abstracts and Selections.

PRACTICAL MEDICINE.

1. *Therapeutics of Zymotic Diseases*.—As remarked by Dr. Atlee the views of treatment by Prof. Polli may be found in the number of the *Am. Jour. Medical Sciences* for October, 1863. A very fair synopsis of these views were given about a year ago in the *Dublin Quarterly Journal*, by Dr. DeRicci, and reprinted in Braithwaite's *Retrospect* for July, 1864. The substance of these views is simply as follows: Polli believes that a great number of diseases depend essentially on the presence of an organic poison circulating in the system, where acting as a ferment in the blood, it multiplies itself, vitiating the animal fluids, and giving rise to diverse diseases according to the special poison in circulation; thus in one case producing small-pox, in another scarlatina, in another puerperal fever, &c. After a variety of experiments Polli has come to the conclusion that the earthy and alkaline sulphites are the most efficient and reliable antidotes for these conditions of the blood. Should mature observations in any material degree confirm the experience of Prof. Polli we shall have reached a very wonderful state of advance in the therapeutics of what we are

known very largely as *blood diseases*, or, as DeRicci prefers to style them, *catalytic diseases*. In the mean time as bearing upon this field of inquiry we give below a brief report of cases by Dr. Atlee found in the last number of the *Am. Jour. Med. Sciences*, January 1865 :

"*Two Cases of Pyæmia, or Purulent Infection, with Recovery ; in which the Bisulphite of Soda was Administered.*—The history of the following two cases is communicated because I am fully persuaded that they were cases of pyæmia. They were treated by a new method, from which extraordinary results are said to have been obtained in other countries ; and by all other treatment, so far as I have seen, well marked, undoubted cases of pyæmia have invariably proved fatal.

"Nelaton says that *pyæmia is always fatal*, and adds that in the cases of cure which some surgeons suppose that they have seen, they allow themselves to be imposed upon by certain circumstances which may lead, in these cases, to an error in diagnosis. (*Elements de Path. Chirurg.* Vol. i. p. 167.) The authors of the *Compendium de Chirurgie Pratique* (A. Berard and Denonvilliers) say that the gravity of a disease, the principle condition of which is the infection of a liquid, destined to circulate through and nourish every part of the body, is at once understood—"such, in fact, is its gravity, that art has so far remained powerless against it."

"I have thought it proper to cite these authorities as to the invariable fatality of pyæmia, inasmuch as it is supposed by persons of comparatively small experience and powers of observation to be not unfrequently cured. I have seen, myself, a large number of cases of pyæmia, and the two which are here reported are the only ones that recovered.

"The treatment instituted in these cases was in accordance with that first recommended and practiced by Professor Polli, and brought to the notice of the profession in this country in the numbers of this journal for October 1862, (p. 513 *et seq.*), and for April, 1863 (p. 467 *et seq.*). Professor Polli has succeeded in establishing that not only does sulphurous acid possess the property of arresting fermentation, and neutralizing catalytic action, but that its alkaline and earthy compounds have also the same power, and, moreover, that they can be administered with the greatest impunity, even in large doses. Pyæmia, or purulent infection, which latter name is preferable, though the other must be employed, since it is generally adopted in this country, is a disease that depends essentially on the presence in the blood of an organic poison, which acts as a ferment, and multiplies itself. Until the announcement of the discovery of Professor Polli, no substance was known that could destroy a catalytic poison, without at the same time, so altering the blood itself, as to render it incapable of performing its vital functions. Bernard has declared that the neutralization of such poisons is impossible. (*Leçons sur les effets des substances toxiques et medicamenteuses*, p. 99) :

"CASE I. Reported by Joseph B. Roe, M.D., A. A. Surgeon U.S.A. Ezra Reagles, private, Co. A, 36th Wisconsin, aged 39, by occupation a farmer, was admitted to Ward 3, Satterlee U. S. A. General Hospital, West Philadelphia, Pa., August 20th, 1864, from field

Hospital, City Point, Va. Wounded at Deep Bottom, Va., August 16th, 1864, by a minnie ball, which fractured metatarsal bones of left foot. Patient and wound in good condition at time of admission, and continued so until August 28th, when gangrene set in. From this date until September 4th, the gangrene rapidly spread, so that nearly the whole of the upper part of the foot was involved. Sugar, which had hitherto been so successfully used in the hospital, in the treatment of all gangrenous wounds, was applied at the first appearance of the gangrene, but to no good purpose. The character of the wound and the condition of the patient became such, that it was decided to amputate the foot, which was accordingly done, September 5th, about three inches above the ankle joint. The patient did remarkably well until September 12th, when he had a violent chill, and complained of severe pain, upon pressure, over the region of the liver. The chills returned on the 13th, 14th, and 15th. The flaps had by this time sloughed away so as to leave about two inches of the bones exposed. At the first appearance of the chills one (1) drop of nitro-muriatic acid, in the infusion of quassia, was administered daily, with beef tea, milk punch, etc., until September 14th, when, at the suggestion of Dr. Walter F. Atlee, eight (8) grains of the bisulphite of soda were ordered every four hours. From the 18th the patient commenced rapidly to improve, and no untoward symptoms made their appearance up to November 8th, 1864, when the patient was transferred to Ward A, in consequence of the vacation of Ward 3. The general health of the patient at this time was remarkably good, the exposed bones had exfoliated, and the stump nearly healed.

"CASE II. Reported by A. A. Smith, M.D., A. A. Surgeon U. S. A. Private John C. Friesman, Co. H, 8th, New York Heavy Artillery, aged 51, and by occupation a painter, was admitted From Field Hospital, City Point, Va., August 20th, 1864, with a gunshot flesh wound of both legs, received at the battle near Malvern Hill, Va., August 16th, 1864. The ball, minnie, passing transversely through the middle of the middle third of the left leg, between the soleus and gastrocnemius muscles, producing a severe flesh wound; thence through the middle third of the right leg, anterior to the tibia, producing a slight flesh wound, and denuding the tibia of periosteum along the track of the ball. On admission the patient's general health was considerably impaired by the exposure and hardships of active field duty. Wound suppurating very little, and the discharge was of a very unhealthy character. Ordered tonics, stimulants, and water-dressings. Up to October 2d, nothing of importance occurred. The patient's general health seemed to suffer from the suppuration, which became excessive after the twelfth day. On the morning of the 2d he had a severe chill, followed by slight febrile reaction, then a profuse clammy perspiration, and low, muttering delirium; features blanched and sunken. Oct. 3d, 4th, 5th, 6th. Chills not so marked; less delirium, and general appearance improved. Oct. 9th. A very light chill, and very little perspiration. Immediately after the appearance of the first chill, on the 2d of October, the bisulphite of soda was given in gr. xx doses every two hours which was continued

until the 12th, after which twenty grains were given twice a day until the 1st of November, when it was stopped. Milk punch, beef essence, and f3j of the following mixture every two hours were also given: Quinia sulph. gr. xxiv, tinct. ferri chlor. f3ss, syr. simpl. f3iss, aqua cinnam. f3iv. Oct. 12th. A slight rigor; suppuration from wound a little more healthy; general appearance decidedly improved, and some desire for food. Oct. 20th. Decided improvement; very little suppuration, and the wound granulating; no return of chill, and the mind perfectly clear since the 12th inst. Nov. 1st. Able to sit up; wound healing rapidly. Nov. 17th. General health much better than when admitted; appetite good, and wound closing rapidly; walks on crutches."

And as to the beneficial effects of this plan of medication must evidently be based upon its chemico-vital action. We append the remarks and experience of Mr. Carey Lea, of Philadelphia, upon this point. Hereafter we shall probably have something to offer materially affecting the reliability of these experiments:

On the Transformation of Alkaline Sulphites in the Human System. By M. Carey Lea.—In connection with some interesting observations on the physiological effects of the alkaline sulphites when taken into the human system, as made by my friend, Dr. W. F. Atlee, it has appeared to me that a brief account of a few chemical examinations made upon the same subject would not be altogether devoid of interest, especially as the indications are that these remedies are destined to play an important part in the relief of certain obscure and fatal forms of disease.

My first experience was directed to observe, if possible, whether, after the administration of an alkaline sulphite, any free sulphurous acid was eliminated in the stomach; and if so, whether or not this would be reduced in that organ to the form of sulphydric acid or not.

As the gases set free in the stomach are carried off by the breath through the mouth, the following arrangement was adopted: A little very dilute ammonia was placed in a test-tube, and then through a bent tube, the breath was driven through, in a period of from three to five minutes. The liquid was then tested by a lead-salt for HS, and afterwards with zinc and chlorhydric acid for sulphurous acid, the hydrogen liberated being conducted over paper moistened with lead salt. Other portions were further examined by boiling with nitric acid and testing with chloride of barium, for sulphuric acid resulting from an oxidation of sulphurous acid.

The first trial was made two hours after swallowing thirty-three grains of bisulphite of soda. Neither the presence of SO₂, nor of HS could be detected by the foregoing methods.

In the second trial, the sulphite was taken in a highly alkaline form. Thirty-three grains of monosulphite of soda in solution with twelve grains of bicarbonate of potash were swallowed, and three-quarters of an hour afterwards the breath was tested as before. No HS could be detected, but there were extremely faint traces of SO₂.

As respects the condition in which a sulphite would pass entirely

through the human system, there could evidently be but two alternatives: it must either pass through unchanged, or must undergo oxidation and pass out a sulphate.

In order to determine the point, the urine was examined. One hundred grains of monosulphite of soda were taken daily, in three doses of thirty-three grains each, and a large number of examinations were made of urine voided at various hours in the day. About two ounces were used in each trial, and the examination was made to ascertain whether any alkaline sulphite could be detected.

When the administration of the salt was first commenced, only very faint traces of sulphite could be detected, almost the whole appearing to be oxidized in the system; but on each succeeding day, the tests indicated an increasing quantity of sulphite, until large black stains were regularly obtained upon lead-paper, by exposure to the sulphydric acid obtained by the reduction of the sulphite.

In view of the powerful deoxidizing properties of the sulphites, it seemed probable that their administration would cause a depression of circulation, and observations were made to ascertain whether this would be the case.

To afford a term of comparison, an observation was made on the state of the pulse two days before commencing the treatment:

Nov. 11th. Before the treatment was commenced, pulse at end of the morning 78; pulse at end of the afternoon 73-4. Nov. 13th. After treatment commenced, pulse at end of the morning 81; pulse at end of afternoon 74. Nov. 14th. Pulse at end of the morning 81; at end of the afternoon 75.

The sulphite seems thus to have been without effect, or if any result was produced, it was rather a slight acceleration than a depression.

The conclusions to be drawn from the foregoing—at least so far as one case is capable of leading to conclusions—are that: 1st, when the sulphite of soda is taken into the stomach, no sulphydric acid and a mere trace of sulphurous acid are evolved in the free state; 2d, that whilst the greater part of the sulphite is oxidized in passing through the system, some portions escape this transformation, especially after the first few days of regular administration, and appears in the urine as unaltered sulphite; and 3d, it would seem to be indicated in this particular case, that one hundred grains a day is as much, or more, than is capable of transforming in the system, and, therefore, of exercising its particular function, since even the whole of that was not found to have undergone oxidation. As the sulphite is often given with great advantage in much larger doses, I draw the last conclusion with great reservation, and not decisively. It seems probable (as indicated in a case which Dr. Atlee has mentioned to me, and which is published, p. 84) that very much larger doses are supported easily, and given with advantage. As the excess, if any, does not appear to be hurtful, I do not wish to be understood as arguing against the administration of the amount now deemed proper. This point, however, in its bearing upon actual practice, seems to deserve examination.

Further, the fact that a substance so rapidly oxidable as a sulphite, can be taken up by the circulation, and pass through it, unoxidized, as respects any portion of it, and be eliminated unchanged by the kidneys, appears to be very remarkable. It was, however proved, by too many separate and decisive experiments to be left in any doubt.

Finally I may remark to those who may wish to repeat these experiments, that unless proper precautions are taken the reactions are easily missed, at least in those instances where the amount of unchanged sulphite voided is very small. My first trial was made on a few drachms of liquid, and I failed to get any reaction. On the following day, by using several ounces, I obtained a faint but unmistakable reaction, and this with each succeeding day became more and more pronounced. The materials should be placed in a flask with a narrow and very long neck. A small lump of zinc is to be introduced, and lastly a few drops of pure chlorhydric acid, enough only to cause a very slight action, accompanied by an almost imperceptible effervescence. A piece of bibulous paper, moistened with solution of acetate of lead, is to be inserted into the neck of the flask, so as almost to close it. The whole is then to be set aside for several hours, after the lapse of which the paper is to be examined for the characteristic stains of sulphide of lead.

It is to be observed that there are two forms in which sulphur may find itself in the urine, apart from any direct administration of substances containing it. It is always present in the form of saline sulphates. Upon these substances nascent hydrogen has no reducing effect. But sulphur is contained also in albumen, which in certain forms of disease may be present in the urine. The formula of albumen, according to Liebig, contains three equivalents of sulphur, amounting to nearly two per cent. It appeared to me to be a matter of interest to determine whether albumen was capable of giving up a portion of its sulphur to the reducing action of zinc and chlorhydric acid, and thus to settle the question whether its presence could embarrass the investigation as to the presence of sulphites. A considerable quantity of albumen was introduced into a flask and exposed to the action of zinc and chlorhydric acid for many hours. An almost imperceptible stain was found upon the lead-paper. Now the ingestion of one hundred grains of sulphite per day—less than the usual dose—I have found to be capable of charging the urine so heavily, with undecomposed sulphite, that lead-paper is visibly darkened in a few seconds, and by longer exposure becomes perfectly black. Whilst, therefore, albumen seems not entirely incapable of acting upon lead-paper, its influence is not such as to disturb the applicability of the test, inasmuch as an aqueous solution certainly containing ten times as much as could be found in a like bulk of albuminous urine, gave only almost imperceptible indications.

2. *Respiration after Decapitation.*—It appears that respiration to some extent can take place even after decapitation. A clever physiologist, M. Faivre, having some years ago made certain delicate experiments on the breathing of insects, came to the conclusion that in

insects as well as in mammalia, the breathing faculty has its seat in some particular region of the nervous system, this region being the metothoracic or central ganglion. Another physiologist, M. Bandelot, a few days ago sent in a paper to the Academy of Science, in which he endeavored to show that M. Faivre was entirely wrong, and that the metathoracic ganglion was quite innocent of any action whatever in the breathing process. As to M. Bandelot's arguments it is feared that they can only be defended on the principle that the end justifies the means—for in order to ascertain this point in physiology, he tells us he took a caterpillar, the larva of a *libellula*, and summarily cut off its head: after which operation, the larva was good natured enough to continue breathing for twenty-four hours longer. Thus M. Bandelot had the satisfaction of ascertaining that the cerebral lobes have nothing to do with breathing, although some people are likely to object that the larva must have found it more inconvenient to breathe *with* a head than *without* one. But our author not being yet satisfied, took another larva, cut it right across through the middle, and discovered to his intense satisfaction, that the subject could breathe even without a metathoracic ganglion! Whether the larva was equally delighted is to be doubted, for M. Bandelot does admit there was some slight irregularity in the breathing.—*Med. and Surg. Rep.*

3. *Treatment of Asthma.*—Botanists have failed in acclimatizing in Europe the *Lobelia inflata*, a common weed in the United States, and Mr. Favrot recommends the use of the tincture made as follows with the American leaves:

Macerate 3iv. of *lobelia* for a fortnight in alcohol 3xxx.; drain off and filter the solution. The dose is half a teaspoonful daily in a four-ounce mixture, in the early stage of the paroxysms of spasmodic asthma. Mr. Barallier has also prescribed this preparation in pulmonary consumption for the purpose of allaying dyspnoea, and he remarks, that the results were invariably satisfactory, except when pulmonary emphysema existed as a complication.

The fumes of unsized and nitrated paper have also been often found useful in asthma. But certain particles of the paper escape combustion and induce cough and sneezing, and M. Guyot-Dennecy proposes as a substitute, in the *Journal de Medecine de Bordeaux*, the fresh leaves of the white mullein, of digitalis, of borrago, or of comfrey, which are wide and tomentous, after twenty-four hours' maceration in a solution containing one tenth of their weight of nitrate of potash. When the leaves have been dried in an oven, they burn without evolving any pyrogenic fumes or any vapour calculated to cause inconvenience.—*Jour. Prac. Med. and Surg.*

4. *Treatment of Asthma*—It is almost impossible to lay down general rules applicable to the treatment of every case of asthma, because remedies efficacious in one instance prove injurious in another. We alluded in our last number to nitrated leaves and preparations of

lobelia. The following is a prescription which Professor Trousseau has often found serviceable when other remedies have failed :

R Potassii iodidi, ʒij. ; Aquæ destill, ʒv.

The dose is one tea-spoonful every day before dinner when dyspnoea persists after the cessation of the more violent paroxysms. This medicine facilitates expectoration and restores the freedom of respiration.—*Jour. Prac. Med. and Surg.*

SURGICAL.

5. *Case of Self-Incision for the Relief of Stricture of the Urethra, by T. T. Pyle, M. D.*—A man aged sixty-five, who for twelve years had suffered from stricture of the urethra in consequence of injuries received by a kick from a horse, was accustomed to relieve himself by the introduction of a catheter. On the evening of May 3d, 1864, finding himself unable to do so, he got out of bed, and with a small penknife cut down to the seat of stricture at the under part of the urethra, or, to use his own words, “felt where the stoppage was, and slit it up.” I called to see him on the following morning, and found that he had made a clean incision about an inch and a half in extent, to his immediate relief. I introduced a gum-elastic catheter, and drew the wound together by suture. The catheter was retained for three days, and at the end of the week the wound was completely healed. He was then able to pass his urine in a full stream, and has continued to do so since.

I have been induced to record this case owing to its peculiarity, from the man having performed the operation on himself. His expression to me was that he was sorry he had not had pluck enough to do it earlier ; the pain of the cut was nothing in comparison with the instantaneous relief to his urgent distress. I think it right to state that he was a sober man, (quite sober at the time), and of more than ordinary intelligence.—*London Lancet.*

6. *New Fracture Apparatus.*—Dr. Gantillon presents to the *Société de Chirurgie* an admirable and very simple apparatus, consisting of two parallel strong wires, by means of which fractured limbs are supported and maintained in position without the aid of splints, and the limb is suspended so that the patient is spared all the pain and suffering occasioned by the pressure of such applications. These parallel wires are bent so as to be adapted exactly to the shape and form of the limb, and being placed on the anterior surface, maintain exactly the bandage, so that the whole limb becomes a lever which produces more or less the power of extension, according to the different points of the wires from which the limb is suspended. In case of compound fracture, complicated with wounds, etc., any part of the limb may be examined and attended to without disturbing the apparatus, and without giving pain to the patient. This simple system, the invention of Dr. Smith, of Maryland University, and which Dr. Gantillon had employed on many occasions, offers other great advan-

tages which I cannot enumerate in this short notice, but which are well known to most of your readers, and which Dr. Gantillon developed before the Societe de Chirurgie when the apparatus was first introduced into French practice. W. N. COTE.—*Med. and Surg. Rep.*

7. *Fungous Arthritis and Sinus Cured by Villate's Injection.*—A young man affected with extensive disease of the osseous system was recently admitted into Mr. Nelaton's wards, and amputation of the arm above the elbow was in contemplation. Numerous sinuses existed around the elbow-joint, and the probe inserted into the tracts came in every direction in contact with denuded bone. Mr. Houel, acting at the time as Mr. Nelaton's substitute, determined, before having recourse to the knife, to try the effects of Villate's injection not only into the fistulous passages but also into the articulation. The attempt was crowned with complete success; the local symptoms promptly subsided, and the patient was discharged without loss of limb.

The mixture used differs but slightly from that we have described in a former number (Art. 6629), and we strongly recommend it to the attention of our readers:

R Acidi acetici, ʒiijss.; cupri sulphatis, a ʒij.; Zinci sulphatis, a ʒij.; plumbi super-acetatis, ʒj.

A considerable precipitate forms, which should be thoroughly mixed by agitation with the liquid before the injection is performed.—*Med. and Surg. Reporter.*

8. *Treatment of Onychia.*—The disease of which Mr. de Moerloose, of Ghent, effects a cure in a few days by the application of nitrate of lead is not that which is popularly termed the growth of the nail into the flesh, but the fungous, ichorous, unhealthy ulcer, occurring especially in children at the root of the nails, which fall away, leaving a sore with swelled, jagged edges, causing a deformation of the finger or toe, and occasionally requiring amputation.

"Parents," says Mr. de Moerloose, "frequently convey their children to the hospital requesting me to cut off the diseased finger. This I have never consented to do, and I may add that I have always succeeded in effecting a rapid cure. A week or ten days in general, or at the farthest three or four weeks, have always been sufficient for the purpose even under the most unfavorable circumstances. The remedy I resort to is the application, after the excision of any irregular horny excrescences, of powdered nitrate of lead. The wound should be dressed once a day only; the pain promptly subsides, the swelling soon decreases, the secretion resumes a healthy character, and, in the course of five or six days the sore is often thoroughly cleansed.

Mr. Wardrop, who refers the disease to syphilis, recommends mercury to be employed so as to affect the gums in about a fortnight (a); but although the affection may occasionally in the adult be traced to this cause, it is frequently met with in hospitals for infancy, where it appears more obviously connected with a scrofulous condition of the system, and much more rapidly yields to the very simple treatment above described than to any other medication.—*Med. and Surg. Rep.*

THE CINCINNATI LANCET AND OBSERVER

CONDUCTED BY

E. B. STEVENS, M.D., AND J. A. MURPHY, M.D.

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Original Communications.

ARTICLE I.

A Case of Rupture of the Uterus.

BY SAMUEL MARTIN, M.D. XENIA, O.

Mrs. V., aged 23 years, first confinement, became unwell about 2 o'clock A.M., January 1st., 1865. From the commencement her pains were severe, frequent, and with little intermission. About 8 o'clock the same morning I was requested to visit her, as it was expected from the nature of her pains her labor would be terminated very soon. During the entire day the pains were frequent, and almost without intermission; the perineum firm and thick, the vagina contracted and rigid. With the most delicate and cautious introduction of the finger, per vaginam, I could not detect the os uteri, nor the presentation. Monday morning, Jan. 2d, about 2 o'clock A.M., I was told the liquor amnii had escaped, but on examination I failed to discover the os uteri, could feel the bony structure of the foetal head through the uterus, and was not quite sure but it was the scalp the finger was in contact with. A few hours later—11 o'clock same day—I made a careful examination, the pains were frequent and severe, with little advance of the presenting part, the vagina and perineum were still very rigid. I carried the finger up along the sacrum, but there I could detect no trace of the os; cautiously guiding it anteriorly, I discovered a small opening or depression, about the size of a child's finger ring, so near the symphysis pubis that I thought it the meatus urinarius, but by pressure of the

finger it dilated, and I discovered the osseous structure of the child's head. The elasticity of the small opening was beyond all description, a touch and it was dilated; and in a short time partially receded from the head. The anterior fontanel offered to the right ramus of the pubis; a portion of the cervix uteri remained, pinched between the head and pelvis, there remained and during uterine action it resembled a hard tendinous strap about half an inch in breadth, interfering, as it were, with the advance of the head, the latter being tightly jammed in the pelvis. During the very slight absence of pain, the finger could be placed between the head and a portion of the uterus, which latter resembled thin membrane but exceedingly soft, not thicker to the sense of touch than paper. All this time at the bedside, the pains being unremitting, I caused her to be placed over the side of the bed, hoping I might discover more room under the arch of the pubis; in this respect there was no change for the better, the vagina and perineum were still rigid and not of capacity to admit one blade of the forceps. On her return to bed she became sick, vomited several times with very considerable remission of pain. Anxious that dilatation would take place I bled her freely and administered antimony et potassa tart. My anxiety for my patient increased; I requested the counsel of my friends Drs. Clark and Johnson. Dilatation became more favorable, the strong strap or band disappeared, and my professional friends concurred with me that the forceps, if possible, should be applied; and if unsuccessful the crotchet. Shrinking from the latter operation, I was anxious to ascertain the amount of room, and passing the finger up between the bones of the head and pelvis I came in contact with what I thought to be a large ruga which might interfere with the insertion of the blade in the right side of the pelvis and at a point where there was but little room, so much so as to render its application doubtful. On turning the point of the finger over this ruga or substance, it gave the impression that it must be the umbilical cord, but it had not the slippery feeling of that vessel.

Now 5 o'clock in the evening, the occiput had sunk lower into the hollow of the sacrum. I made a careful examination

and discovered a transverse laceration of the uterus, by placing the lacerated string on the point of the finger and separating the labia we—Dr. Clark and myself Dr. Johnson being absent at the time—were assured, from ocular denonstration, of the fact of a rupture as described above. We were anxious to try the forceps, but were detained until the Rev. Father Blake should administer the rights of the Catholic Church to our patient, but he being from home we had to wait some time for his arrival.

After the above ceremony—6 o'clock evening—the woman was placed in position and the forceps successfully applied. The child was still born, but restored by the usual methods. I feared that I might grasp the uterus, the blade passing through the rend, but this was avoided although there was very little room for its application. My patient was feeble but rather comfortable; pulse 102. I remained for some time, advised less company, and freer ventilation.

Tuesday, Jan. 3d, I visited; pulse 104; she slept but little during the night. Wednesday, 4th I visited her, she was rather comfortable; pulse 68, full and soft, with but little tenderness of abdomen or uterine tumor; ordered her a dose of ol. ricini, which operated during the day. Thursday, 5th, visited her, pulse 92; told me she felt very well; every care respecting cleanliness and diet has been observed; secretion of milk has taken place, and with the aid of a female friend, she can nurse her babe. Friday, 6th, she feels very comfortable. Saturday, 7th, found her restless, pain and soreness in pelvic region, with tenderness on pressure; pulse 88; no headache, nor thirst; no heat of skin; lochia diminished in quantity and changed in color; but not quite so well as yesterday. Ordered a cathartic and warm fomentations over the pelvic region. Sabbath, 8th, I visited my patient; she slept well during the night, bowels moved, the warm fomentations felt very comfortable, pulse 86, and in every respect better; no appearance of lochia. Monday 9th, I visited her; pulse 86, no headache nor heat of skin, no abdominal tenderness, rested well during the night, and has some appetite. Wednesday, 11th, I visited her; she had taken a dose of castor oil, which operated; made an effort to sit up while her bed was being made, became faint, but re-

covered when placed in bed; the lochia continues, and she is desirous of a more full diet, pulse 68, with fair prospect of recovery. Thursday, 12th, she sat up for some time, pulse 98, feels very well, the lochia has almost disappeared. Monday, 15, able to sit up for a short time and nurse her babe. Saturday 21st, continues well. Thursday, 26th, I made a call when passing; patient well, and attending to some domestic affairs.

Rupture of the uterus is justly considered one of the most dangerous and formidable accidents the parturient female is occasionally exposed to, and generally terminates fatally. Doubtless, cases of laceration occur, (and death the result) that have not been investigated nor detected. Primipara females are said to be less obnoxious to this accident than multipara. In the above case, I believe the ant. posterior diameter of the pelvis to be less than usual; the presentation of a large male head, the anterior fontanel to the right acetabulum, rather to the right ramus of the pubis, a protracted labor, and inordinate degree of uterine contraction, a disproportion between the size of the male head and the capacity of the pelvis by which a portion of the cervix uteri was firmly grasped, to be sufficient cause of the accident. The rend may take place in any portion of the womb, but the neck is said to be the more frequent seat of the occurrence—a transverse laceration.

The patient's mother had always 'difficult labors, from the sacrum projecting rather too far forward, and more than once I was obliged to terminate her labors with the forceps.

My experience in cases of this nature will not permit me to say much, but if favored with editorial courtesy, I will refer to three others:

CASE I.—Many years since I was an observer in a case of turning, from a presentation of the hand and arm; force, not science accomplished the delivery. The woman died within an hour.

CASE II.—About seven years ago I was called in consultation by a respectable physician in an arm presentation, the liquor amnii had been long drained off, and the uterus firmly contracted, turning had been tried in vain. From a careful

examination I discovered the uterus in such a condition as to render turning hazardous and impracticable. I advised eviscerating the thorax, and assisted, by pulling down the arm while the doctor perforated. The child's back passed down and was soon born. A portion of the bowel protruded externally. The woman died in two days after.

CASE III.—Mrs. ——— second confinement, more than four years since, called on me. On my arrival, I discovered the liquor amnii had been evacuated for some hours; the hand and arm protruded, the uterus firmly contracted and was able, with great difficulty, to approach one foot; I made an effort, but it would have required force incompatible with safety to accomplish delivery. I declined farther attempts at turning. Two other physicians were called, one of them a very powerful man seemed anxious to operate. I knew nothing of his attainments and yielded. His Herculean powers were unavailing, I eviscerated, and the child was soon delivered. The woman died two days after of lacerated uterus. "*Arte non vi*" was reversed.

The young practitioner should be careful that the consulting physician possesses moral worth and professional attainments. If without these qualifications, he will, from ambition to acquire reputation—of which he is unworthy—act with recklessness.

P. S.—In the December number, 1863, of your excellent Journal, article 2nd, "Recto-vaginal Laceration" Mrs. ——— Oct. 28th, 1864 was again confined with some laceration of the perineum. She feels no inconvenience, and enjoys excellent health. The laceration is more extensive than is frequently met with; the sphincter ani, and a sufficient portion of the perineum, remain in a state of integrity. Fifteen months have elapsed between her confinements.

ARTICLE II.

Report of a Singular Case.

By J. H. FINROCK, M.D., Asst. Surg. 11th O.V.C., Fort Halleck, Idaho Ter.

I have a somewhat singular case to narrate, hoping it may call forth some comments from my professional brethren, especially from those that have had some experience in treating the so-called "spotted fever."

Sergt. Lee, 11th O.V.C., aged 21, full habit, was admitted on the 7th day of August last; complaining of severe lancinating pains through the temple, and nausea, pulse a very little accelerated, tongue clear and moist, bowels constipated, appetite good. He said he had had two similar attacks within a year. An emetic of ipecac was administered followed with sulphate of quinine in small but frequent doses. The next day he was free from pain, was up and about the ward. The next morning the pain had returned in a slight degree, the quinine was continued during the day. He remained in hospital until the 14th, when he was returned to quarters. On the 24th he again applied for admission, saying the pain and nausea had returned, his symptoms were the same as during his former attacks. The same treatment was adopted but failed to relieve him. Citrate of quinine and iron was then tried but only afforded partial relief. The pain had now become remittent. Blisters were applied to the temples, and the denuded surface was dressed with simple cerate, with a small amount of sulphate of atropia incorporated, which gave immediate relief. He was again returned to quarters on the 19th of September, and to duty on the 24th.

On the morning of the 28th he again returned complaining as formerly. A cathartic was administered followed by citrate of quinine and iron, temples again blistered and atropia applied, which afforded partial relief for a day and then failed. I was now induced to try the hypodermic use of morphia; a quarter of a grain was dissolved and most of it injected be-

neath the skin below the blistered surface; this gave relief, and he felt very well until the morning of the 3rd of October. when he complained of a dull pain along the spine, mostly in the cervical portion. His bowels had not moved for two days; a cathartic was given which brought away a large amount of dark colored and very offensive stools; a blister was applied over the back of the neck, which acted finely and gave great relief. The quinine and iron was continued during that day and the next. On the morning of the 4th he got up and was walking about the ward when he was suddenly seized with vertigo, and was helped to bed by one of the attendants, he soon rallied and expressed a desire for something to eat, not having tasted food for three days. The attendant went to the kitchen to get him some food and upon his return found him dead. The body remained warm and flaccid for ten hours after death, at which time dark colored spots appeared upon the face and neck.

The commanding officer refused to allow a post mortem examination although one was insisted upon. No similar cases have occurred. Now was this a genuine case of "spotted-fever"? and was the *third* and last attack different from the other? But few of the symptoms said to be present in "spotted fever" was noticed in this case.

ARTICLE III.

Case of Vicarious Menstruation and Incipient Phthisis.

Reported for the Lancet and Observer, by F. A. MORSE, M. D.

I WAS called, in May, 1862, to visit a case, reported to be one of consumption. I found my patient to be a young lady, of twenty-two years of age; scrofulous diathesis; much reduced in flesh, and suffering from copious coliquative sweats; incessant cough; free expectoration; tongue heavily coated; bowels constipated; loss of appetite; abundant hemorrhage of the lungs about once in four weeks; suppression of the menses; headache and pains through the side and chest. She was a milliner by trade, but had relinquished her labors some

time previous. Had suffered from scarlet fever when young, which resulted in a troublesome albuminuria. She at times showed dropsical symptoms. I administered in syrup of senega, five grains of iodide of potass, three times a day, together with a decoction of juniper berries, gentian and orange-peel, a plaster of bergundy pitch, to which had been added fifteen grains of tartar emetic, was applied to the chest. At this time she was much jaundiced in appearance, with slight dullness under the right clavicle, and her inferior extremities considerably swollen, from accumulation of serum. A pill, composed of one-half grain of extract hyoseiami, one-eighth grain of podophyllin, and five grains of taraxacum, were administered at bed time, for several days. Under this treatment she was greatly improved, when she was attacked with diphtheria. This resulted in troublesome symptoms, but yielded to the influence of remedies. Two grains of sulphate of quinine, with ten of chlorate of potash, were given every four hours; a gargle of potassa chloras, a decoction of cimicifuga, and fifteen drops of muriatic tincture of iron, every five hours. The membrane, which had formed in the throat, was detached; the fever abated. The former remedies, which had been suspended, were resumed. They were, in turn, followed in a few days by five grains of ammonio-citrate of iron, three times a day. This was continued for six weeks, with the bitters, when the patient was dismissed from treatment. The menses had become regular, and, in short, every appearance of a restoration in health. I have, in other cases of disturbed menstruation, found iodine to be of excellent service. Over two years have passed since the treatment of this case came into my hands. She was under treatment four months, and though repeatedly told by over-anxious friends that she would die, has enjoyed good health up to the present time.

ARTICLE IV.

Hepatic Abscess—A Case.

Prison Barracks Hospital, Rock Island, Ill. Surg. WM. WATSON, U.S.V. in-charge. Reported by H. C. NEWKIRK, M.D., A.A. Surg. U.S.A.

History: John Davis, private, Co. B 1st Alabama (Confederate) aged 20 years light hair and complexion, and of spare habit, was admitted to the Hospital September 21st 1864 with chronic diarrhoea, and was treated for that disease up to November 1st 1864; at which time he commenced expectorating large quantities of purulent matter, and was transferred to the "Chest Ward" where I first saw him on Nov. 2nd. I found him very weak and feeble, not being able to sit up; in an anæmic condition and with great emaciation. He had an anxious and pinched expression of countenance, with a pulse running at 120 per minute, small and weak; a heavily coated tongue and diarrhoea. The form of the chest was normal, and on percussion yielded the natural resonance on the left side, but dulness on the right side. The respiratory murmur was pure on the left the mucus rale predominating on the right side. There was great tenderness on pressure in the hypochondriac region.

I put him on a sustaining course of treatment; quinine, iron, wine &c., with a nourishing diet. He remained much the same up to the 16th, when another abscess broke which confirmed the diagnosis of hepatic abscess communicating with the lung. He continued expectorating enormous quantities of pus and bile until his death which occurred Nov. 21st.

Sectio cadaveris twelve hours after death. Softening of the heart; the blood contained in the ventricles was so broken down and impoverished as to scarcely produce a stain; left lung normal. There was a deposition of calcareous tubercle in the apex of right lung; the base was adherent to the diaphragm through which an abscess of the liver discharged into the bronchi; liver enlarged and containing, in all, twelve abscesses, varying in size from that of a hulled walnut to a goose

egg, and containing about a pint and a half of pus. She mesenteric glands were enlarged and disorganized. There was also congestion of the mucous coat of the small intestines, and softening and ulceration of the mucous coat of the colon and rectum.

Medical Societies.

Proceedings of the Cincinnati Academy of Medicine.

Reported by C. P. WILSON, M. D., Secretary.

HALL OF ACADEMY OF MEDICINE, }
 MONDAY EVENING, February 13, 1865. }

President Dr. Almy in the chair. Secretary absent. Dr. Bramble appointed *pro tem*. Reading of the Minutes of last meeting deferred. There being no dissertation, reports of cases were next in order.

Surgical Cases.—Dr. Wm. H. Mussey reported the following: Michael Peygh, aged 35, discharged from the United States army for disability, after about two years of service. He applied to me at my office, with a double perineo vesical fistula, of two years duration, supposed to have been caused by riding horses in the employment of the quartermaster's department. He avers that he never had stricture of the urethra or retention of urine. I passed a bougie and touched it with a probe just anterior to the prostatic portion of the urethra, and felt the point of contact with my finger in the rectum. On a second examination I further found the existence of a fistulous opening in the urethra, by causing the patient to pass water from the urethra, a continuous stream issued from the orifice.

On the 14th of January I proceeded to operate in connection with Drs. Smith (father and son) at Newport, Kentucky, and Drs. C. P. Wilson and M. B. Graff, of this city. Chloroform was administered, which acted kindly. The operation was conducted by perforating the urethra in the mesial line cutting upon a grooved staff. Then with a grooved probe in each

fistulous track, I carried a knife to the groove in the staff, the cuts making a wound exactly like that for the bilateral operation for stone. The lateral incisions were followed by considerable hemorrhage. A female catheter was left in the wound, and the application of per sulphate iron arrested the hemorrhage. Morphine was ordered as an anodyne. I visited him on the 15th, at 3 P.M., and found him very restless. The attendants said that they could not keep him quiet. The water had discharged freely from the catheter, and there had been no more hemorrhage. The catheter was removed, and a smaller one introduced. The patient expressed himself relieved. A febrifuge, with morphine, was ordered. Dr. Smith called to see the patient in the evening. At 12 o'clock, midnight, he was called to see him, and found him in a dying condition. At 1 o'clock he died—thirty-seven hours after the operation. No autopsy was allowed. The patient died from the shock of the operation.

I recalled a case operated upon at the St. John's Hospital, some years since, by Prof. Judkins, assisted by Dr. R. D. Mussey, who died from the shock of the operation, within twenty-four hours after the operation. These are the only fatal cases I have witnessed. Several successful cases have passed from my hands.

Dr. Mussey also reported the following: I was called, at 3 P.M., to see a man who had been shot through the ant. sup. spinous process of ilium, at 7 in the morning. He found the patient taking citrate magnesia, seven hours after the injury, by order of the physician in attendance, Dr. Frank, to move his bowels. Regarding Dr. Frank as a quack, he refused to attend until he was dismissed. He was told that the doctor had been dismissed, but afterwards learned that Drs. Frank and T. Wood were in attendance for three days, as well as himself. He condemned the above treatment, and gave morphine, to allay a disposition to peritonitis; also gave carb ammonia. Advised that his dying declaration be taken. At the end of the third day, when he learned that Dr. Wood had been in attendance, he met him in consultation. Peritonitis supervened. Bowels enormously distended, and painful. Gave

injections, and introduced an elastic tube, to permit gas to escape. Was sent for, in haste, at 4 o'clock in the morning, messenger stating that "the patient had bursted." Found, on his arrival, a small clot of blood, and the bed saturated with fluids and feculent matter. Respiration fifty. Dr. Blackman and others saw the case the same morning. The patient died at 4 o'clock next morning—living twenty-four hours after he was supposed to have "bursted." It was afterwards ascertained that the man had cut himself with a razor, to obtain relief, which destroyed the interest manifested. There were two incisions, both above the umbilicus; complete adhesion; no fecal matter in the abdominal cavity; intestines cut in two places, close together, but twelve inches apart in measurement; the transverse colon, descending colon, and rectum empty; ascending colon and small intestines distended; 3 viii. blood in the pelvis; femoral vein wounded; all the pus found was at this point; at the fundus of the bladder was a large extravasation of blood; patient passed no blood from his bowels or bladder; ball not found.

Also reported case of lithotomy of two years standing; patient four years of age; made a medio bilateral incision; extracted a stone weighing fifty grains; ether was administered; it acted kindly; patient did well.

Dr. Taylor reported two cases, which were operated on at the Commercial Hospital, while he was resident physician, similar to the first case reported by *Dr. Mussey*. First case that of an Indian who had suffered from stricture for fifteen years, the result of gonorrhœa; died in three days after the operation.

The second case was that of a robust, apparently healthy man crushed by the falling of an embankment, producing fracture of the left ischium and small fistula. One year after injury, smaller fistula in perineum; four days after the operation had jaundice, and died thirty-six hours after this supervened.

Dr. Mussey said he operated, this winter, at the hospital, with success. Case, the result of gonorrhœa.

Dr. John Davis spoke of wounds healing without suppura-

tion. Mentioned the case of a young man, John Price, who, in 1861, was shot through the right lung. Applied dry dressing in such a manner as to exclude the air; dressings were removed in nine days, at which time the front wound was found healed and skinned over; posterior wound nearly so. There was consolidation, which continued some months.

Second case.—Young man stabbed through the sternum, wounding the lung. He closed the wound by means of sutures and plaster; then applied a compress treatment; such as would be required in such a case. First, gave beef essence, brandy, &c., until reaction was established, when the treatment was antiphlogistic. At the end of thirteen days removed the compress; wound healed; supuration only in the track of the stitches; had consolidation. The doctor remarked that he believed there was a distinction between healing by the first intention and this new process, by growth, or modeling.

Dr. Mussey reported a case. A man came to his office with an enormous tumor in the inguinal region; had a strap around the tumor, to keep the hernia in. Patient had been under *Dr. Freeman's* charge for four months. The doctor had ordered a truss from *Max Woche*r. Not proving a radical cure, afterwards ordered one from *Marsh, Corliss & Co.* *Dr. Mussey* ordered the application of a poultice for two or three days; then he lanced it, when a quart of laudable pus was discharged.

Dr. Vattier stated that a stranger called upon him, last October, to go to a hotel, to see his wife, who had been suffering from diarrhoea for several days. Discharges passed without pain, and almost involuntarily. The stools consisted of some fecal matter, and an oily substance. He said that he had heard of adipose diarrhoea, but did not know whether this was a case of that kind or not. Gave two grains per sulphate iron, with $\frac{3}{4}$ grains opium. Patient was plump and round; weight 150 pounds; skin had the appearance and color of fustian; eyes jet black; hair chestnut color; tongue red. Patient's mother and some of her aunts died of cancer. The doctor recently saw her husband, and learned that the medicine had the desired effect.

Dr. Buckner said he had observed lardacious discharges in

consumption of the bowels in negroes, and found it very obstinate. He regarded such discharges tubercular in character.

Dr. Doherty reported the following case, which came under his notice while coroner: Two soldiers got into a difficulty at the corner of Pearl and Pike streets, which resulted in the cutting of one by the other with a dirk knife, the blade of which was about half an inch in width. The wound was on the left side of the abdomen, about three inches below the umbilicus and four and a quarter inches from the medium line, penetrating the abdominal wall, passing between the intestines and the mesenteric vessels, without injuring them, and striking the abdominal aorta about one-eighth of an inch above its bifurcation.

The knife then piercing or transfixing the aorta, without completely dividing it, entered the intervertebral space between the third and fourth lumbar vertebræ, and was so firmly imbedded that it required a strong effort to remove it. While the knife remained imbedded, there was no hemorrhage, but as soon as it was removed the man died, instantly, from hemorrhage, consequent upon injury to the aorta.

February 20, 1865.

President Dr. Almy in the chair.

Dr. Fries reported as follows: On Wednesday, the 14th, he was called into the family of Mr. W., No. 608 East Front street, when he found the wife, aged less than twenty years, with bloodless face, and pulse almost imperceptible. He learned she had given birth to a child thirty-six hours before his visit, and that an immense amount of hemorrhage had taken place, which was fully verified by her cadaverous appearance, and almost pulseless wrist. He passed his hand over the lower abdomen, but found an entire absence of the usual uterine tumor, which caused him to suspect uterine inversion, and which proved only too true on making a vaginal examination. He found the fundus presenting between the labia, and an absence of all trace of the os uteri as far as he could explore with the finger. In order to be fully satisfied as to whether the inversion was complete or not, he passed his

hand up the vagina by the side of the uterus, around it on all sides, and up to the junction of the os with the vagina; the only trace of this connection was a slight circular ridge. The uterus, as it lay in his hand, was pear shaped, the neck more elongated than in its natural position. After informing the family of the terrible nature of the case, he proceeded to give stimulants, in large doses, and to make preparation for an effort to reduce the uterus. He placed her hips on a thick pillow, upon the edge of the bed, her feet on chairs, and whilst her shoulders were lower than her hips, her head was slightly elevated. Placing himself on a chair, between her knees, his hand well lubricated, he introduced it and grasped the uterus, and persisted in steady pressure till the expulsion of blood from its vessels had brought about a diminution of near or quite one-third its original size, when he began to make a steady and strong effort at reduction. He was most agreeably disappointed to find his efforts successful in about ten minutes. He then placed the patient in a comfortable position in bed, with her hips slightly elevated, and ordered quietude in the room, plenty of beef tea, and large doses of brandy. At 3½ P.M., not being at home when sent for to see her, Dr. Moore made her a visit, and found extreme prostration, with all the symptoms indicating a speedy dissolution. He ordered double the quantity of stimulants previously ordered by me, and an increase of nourishment in the form of beef tea. At 8 P.M. he saw her again, and found her pulse slightly improved. In making vaginal examination, he found that the os uteri had resumed its normal form so far that the front finger, in being passed through it, seemed to touch on all sides. This latter change he regarded as indicating a return of vital forces, and therefore left her with hopes of her recovery, but alas! it was ill-founded, for she died next morning at 5 o'clock.

What caused the inversion? He was not authorized to say that it was violent traction upon the cord by the midwife who delivered her, but he was bound, however, to entertain a well-grounded suspicion that such was the case. That the hemorrhage was terrific, is admitted by all who were present. That great relaxation ensued, is certain; and that, under these

circumstances, even slight traction of the cord could produce such a disastrous occurrence, is equally certain. Dr. Fries further remarked that the woman was of small size, and of fine constitution; that this was her first child, and the labor quite tedious; the pains first appearing Saturday, about noon, and on Monday morning, about 5 o'clock, the child was delivered.

Dr. Woodward said he had met with only one case of inversion of the uterine during his whole practice; it was much similar to the one just reported, and happened twenty-five years ago, when his experience was not as extensive as now. He had not applied severe traction in the cord, but, from some cause, after the placenta came away there was a sudden descent of the uterus, accompanied with a tremendous gush of blood; he immediately placed his hand in the fundus uteri and pushed the organ back to its place. The patient died in some six or eight days afterwards, when, in a post mortem, he found the parietal walls of the uterus not more than a quarter of an inch in thickness, flaccid and no thickening of them, as we always have after the organ contracted. In the thinness of the walls he saw a good reason for the inversion.

Dr. Mussey said he had one case of inversion in the second year of his practice; the fundus came down with the placenta; considerable hemorrhage ensued; he removed the placenta, and restored the uterus. The patient recovered.

Dr. Mussey also remembered another similar case, where his father attended in consultation with a physician of this city. The uterus was found presenting between the limbs of the patient. The inversion was reduced, but the patient died.

Dr. Carroll said that Dr. Stevens reported a case of inversion two years ago, and that then considerable was said as to the cause of it. For his part, he thought then, as now, that it was owing to the placenta being firmly fixed to the fundus uteri. He believed that Dr. Taylor quoted some high authority as sustaining that view. He [Dr. Carroll] thought physicians were not to blame in such cases, unless they did not immediately reduce the tumor—for the whole trouble was owing to the wrong position of the placenta being attached to the fundus, and not to one or the other of the sides of the uterus.

Dr. Stevens said he related, in detail, the case just alluded to, at the time. The placenta was firmly adherent, and he thought it barely possible that he might have used undue force to overcome the adhesion, but if so he was not aware of it. *Dr. Mendenhall* being called in consultation, reduced the inversion, but the woman died in two minutes afterwards. The hemorrhage was not great.

Dr. Fries thought physicians were not to blame if the uterus was not immediately returned, for high authorities think that you can always return the organ. *Deweese* says that you can't return unless there is great relaxation; therefore, in the case he [*Dr. Fries*] reported to-night he did not take much credit to himself, for he thought the easy reduction owing to the relaxation of the patient.

Dr. Taylor said an interesting question arose in connection with these cases, as to the character of the labor. In some cases of tedious labor we might explain them by the loss of contractility in the uterus. He had made post mortems in two cases of inversion; both of the patients, he thought, lived six days after the accident. One died, with symptoms of depression, but no immediate assignable cause for her death. In one post mortem that he remembered particularly, the uterus was found in a state of anteversion; instead of contracting, it had folded over itself for more than two inches, so that the fundus rested on the pubic line; when unrolled, as he had the opportunity of doing, it reached up to the umbilicus; the walls were flaccid; thinner than usual; soft, and easily penetrated; it appeared as if there had been no contractions of it; there was no excessive hemorrhage.

Dr. Fries remarked that *Dr. Mendenhall* reported one case where he returned the uterus after inversion, the patient recovering.

Proceedings of the Wayne County Indiana Medical Society.

Reported by W. P. WARING, M.D., Secretary, Richmond, Ind.

The Society met in Dr. Hibberd's office—was called to order by Vice President Dr. Kersey. The minutes of last meeting were read and approved. Dr. Francisco asked to have his prescription for dysentery reported in the proceedings of last meeting, changed so as to read *full doses* of morphine, instead of *one grain*.

On motion the Society adjourned until 2 o'clock.

2 o'clock P.M.

The Society met, and the usual order of business proceeded with.

On motion of Dr. Hibberd, Drs. Kersey, and Haughton were appointed to place the meteorological instruments belonging to this Society, in the hands of some one competent and willing to take observations, make a record of them, and make such reports as may be found useful to this Society.

On motion of Dr. McConnell the following resolution was adopted :

Resolved, That it is the sense of this meeting, that the Wayne County Medical Society should give an entertainment to the members of the State Medical Society, during its session in this city in May next; and that the subject be referred to our next meeting for final action.

Dr. Harriman's committee on Epidemics, reports, that a combination of circumstances, which he could not control, had prevented him from completing a paper which he had proposed to read at this meeting. By consent he is continued and directed to report in July next.

Dr. Hibberd is appointed a committee on New Diseases and New Remedies, to report in January next. The Essayist and Alternate continued at last meeting both being absent, Dr. Tennis is appointed Essayist, and Dr. Waring Alternate.

In the absence of voluntary papers, Dr. Hibberd would ask a question in Pathology—Is there any necessary relation be-

tween organic disease of the *heart* in adults, and *epileptiform fits*?

In order to make the point aimed at more obvious, he would narrate the following particulars of a case which had come under his observation, and with which many of the gentlemen present were more or less familiar. The patient, aged 57, is a scientific man, and an excellent and observant physician, and is of the opinion that the fits were the direct consequence of the condition of his heart; indeed he thinks that they were caused at that particular time by the healing up of a blister over the apex of the heart which he had kept open, except at short intervals, for many weeks; and further more he believed that on some, if not all of the previous occasions when the blistered surface became dry, he experienced an increase of his nervous derangements. Notwithstanding the directness and apparent force of this testimony, Dr. Hibberd could not see any necessary connection between the diseased heart and the epileptic fits. Possibly there might have been a loosening and casting off of some of the vegetations on the valves of the heart which being carried with the current of the blood to the brain, found vessels too small to admit of further progress, formed an embolus that so deranged the circulation as to cause the spasms. But if this had been the case we should hardly have had its effect pass away so soon, leaving the patient after a few hours in about the same condition he was before the advent of the epileptic attack.

The more rational explanation appears to Dr. H. to be this, the patient's system for years has been under the influence of the rheumatic poison, causing the change of structure in the heart, producing some disturbance of the limbs, in one instance at least, giving rise to an immense abscess in the great pectoral muscle, or rather in the connection tissue of that muscle, and in various minor ways, giving evidence of its direct disturbance of the tissues and functions without any necessary relation to a preceding alteration in the structure of the heart. Now it appears much more philosophic to him to suppose that this poison was exerting its deleterious influence on the nervous tissues direct; changing their structure and disorderin

their functions, as it undoubtedly had done with other structures and functions, than to suppose that the diseased heart was in some unknown and unfathomable way disturbing the circulation of the brain, and producing the long list of extraordinary morbid nervous phenomena, of which the three epileptic fits in quick succession, were, for the present at least, the latest manifestation.

Dr. Kersey sees no necessary relation between organic disease of the heart in adults, and epileptic fits. And yet in the case presented he suspects the relation of cause and effect. He thinks the development of idiopathic epilepsy at 56 exceedingly rare and improbable; while under the circumstances here presented, symptomatic epileptiform convulsions of the cardiac variety, seems to him to be neither. He is not aware of any authentic observation showing that the rheumatic poison produces direct structural lesion of the nervous centres as suggested by Dr. Hibberd in explanation of this case. Such a result seems to him out of harmony alike with what he has observed and what he has read.

Correspondence.

BOSTON, MASS., Feb., 1865.

MESSRS. EDITORS:—In the Twenty-First Annual Report of the Registry and Return of Births, Marriages, and Deaths for 1862, in this State, I find some facts that may interest your readers. The Report comprises some one hundred and seventy pages; embracing elaborate tables and appropriate and detailed remarks. The latter from the pen of Dr. A. A. Gould, of Boston:

Births.—The number of live births for 1862 was 32,275; still born, 974. This shows a diminution in the total number born alive of 3,170, amounting to about 9 per cent. over the previous year. Taking into account the population (1,231,022) of the State, we have only one birth to thirty-nine persons living—a smaller number than has been before registered—the usual average being about one birth to thirty-four living in-

habitants. This is less than in Great Britain, where it is one in thirty persons. Of the still births all included, it will give one birth in thirty-seven persons living. Compared with the average for the preceding five years, there is a decrease of 3.071 births. The excess of births over deaths, was 9.301, or 65.6 of one per cent., which is 3.682 less than the natural increase of the year previous. The average number of births daily was eighty-eight. Compared with 1860, before the war, there were 3.776 fewer births. There has been an increase in only two counties. The last two quarters of the year were the most fruitful; hitherto the two middle quarters have been the most productive. In regard to sex, the table show that the same uniformity continues from year to year; that 106 males are born to 100 females. This is the general result in Western and Northern Europe. In England, for 1861, there were 104 to 100 female births. There is still a large preponderance of males over females among still born, averaging for the last ten years 148 to 100. Among illegitimate offspring the reverse is the fact; the average for ten years being only 97 males to 100 females, though for the year 1862 the numbers stood 102 to 100. For plurality births the sex is exactly equal. The number of births of foreign and mixed parentage shows a continued relative increase. There were of purely American parentage, 14.423 children; purely foreign, 14.941; of mixed, 2.296; making an excess of 518, of purely foreign, over those of purely American births, against 30 in 1861; although the total number of births is less than in that year. The percentage is, American, 45.56; foreign, 47.19; mixed, 7.28. The ratio in Suffolk County (including Boston) is 27.06, 61.58, 11.56.

There were 530 plurality births; American, 43.02 per cent foreign, 48.92; mixed, 7.55; about one in 122 births. Of the 247 illegitimate births, the ratio stood 43.30: 97.00: 9.70; about one to 129 births. These rates are about the same with the different nationalities, or other births in England (1861) 6.3 per cent in 100 births were out of wedlock, and the occurrence was most frequent among the educated classes. The rate of still births (974) is about 2.31 for every 100 births. In the County of Suffolk the ratio is 6.50. This increased rate

must depend on the peculiar mode of reckoning still births ; for here all children who do not survive twenty-four hours are regarded as still born. In Rhode Island, for the last five years, the rate has been 3.66 per cent.

Marriages.—There were 11,014 couples, or 22,028 persons married. This gives a small increase over the number for 1861, but not attaining to the number for 1860, or even 1856, (12,225). The rate per cent. of marriages for every one hundred persons living was 1.708. Still the number falls short of the average number for the preceding five years. This is attributed to the emigration of large numbers of young men to new States and mining regions of the West. The average number of marriages daily was thirty. The greatest number of nuptials were celebrated (3,255) in the fourth quarter of the year ; the next in the third quarter ; and the least in the first quarter. In the month of August the number was larger than in any other month except November, which is quite at variance with the usual course. The cause of this is not quite apparent. It is suggested that it might be owing to the movement of troops, as 16,000 nine months men were recruited, and eight regiments marched during the months of August and September. In November there were 1,384 marriages, the greatest number ; and in March, the least, 650. The same relative difference exists for the five previous years. As compared with 1860 there was a diminution of 140 males under the age of 35, and an increase of 149 above that age ; making a relative difference of 295 against the young men. The ages of females married correspond very nearly to those of the preceding year.

It is a little singular that there was a decrease of marriages in nearly all of the interior or farming counties ; while there has been an increase on the seaboard with the exception of Boston, when the decrease is 22. The highest marriage rate was in Hampden County, where there was one marriage for every eighty-seven persons living. In England, 1861, the rate was 1 to 123. The annual average in the State for the last ten years was 1 to 118 persons, when the highest rate appears ; then the foreign element bears a much higher proportion.

Nantucket as usual presents the correct rate, one marriage to 156 persons. Of the 9,009 bachelors married, 8,569, 95.12 per cent., selected maids, and only 449, 4.88 per cent., chose widows. Of 9,926 spinsters, 13.53 per cent., about one in seven married widows; of 2,018 widowers, 66.35 per cent., married maids; 33.65 per cent. widows. In England in 1851 two widowers married spinsters where one espoused a widow. Of 1,119 widows, 39.22 per cent. married bachelors, and 60.68 per cent. married widowers; so that four widows married bachelors where six married widowers; in other words, if 2,007 widowers and only 1,096 widows were married, the chances of a widow to be united in matrimony again would be about fifty-five in one hundred.

There were 1,830 men who married a second time; 165 a third time; and 12 a fourth time; only about one-half of the same number of women were re-married. No female was married for the fourth time. One man of 24 married a girl of 14; one damsel of 15 summers captivated a man of 43; while another found favor with a sexagenarian. The oldest couple was a veteran of 84 joined to a bride of 76. Twelve females took husbands younger than themselves. In the State there were 541 American couples, and 513 fewer foreign couples than in the year 1861, making a relative change in favor of the American element of 1.054 in a comparison of the years 1861-2.

Deaths.—The number of deaths was 22,092; still born 974; being 1.111 less than in 1861, and only a fraction over the average number of deaths for the preceding five years. The number of citizens absent in the army may account for this in some measure. There was one death to a little over fifty-three persons living; against one to fifty-one; in 1861. The average number of deaths per day was sixty-two. The number of males was only four less than the previous year; while that of females was less 1,000. The average age of those who died was 24.94 years; in 1851 it was 27.53. For the preceding five years it was 27.79. As usual the highest rate of mortality was in the thickly populated regions and *vice versa*. The range is 2.308 in a hundred persons to 1,688. The statistics show that

the rate of mortality, in what may be called the sea-faring population, is less than among the mountainous agricultural people in the western part of the State when the mortality has heretofore been the least.

The months are arranged according to their fatality as follows: August, September, October, December, January, April, March, November, May, July, February, and June. While the mortality is greatest in the three first months, in this State, yet in the United States in 1860 it was greatest in the spring months, being 30.23 per cent., of the whole mortality, to 24.74 per cent., in Massachusetts; and in the latter State it was 29.70 per cent. for August, September and October, against 23.67 in all the States. August is the most fatal month here, while in the United States it was May. In England and Scotland the first two quarters of the year are the most fatal.

Unlike preceding years the number of male deaths largely exceeded that of females. Number of males was 11,875, females, 11,051, a difference of 822; or 107 males to 100 females. More than 20 per cent. died in the first year, and more than 38 per cent. for the State in the first five years. The preponderance of male deaths in early life being 122 males to 100 females in the first years. On the other hand between the ages of 20 and 30 the preponderance of female deaths over males is in the proportion of 126 females to 100 males. Only two instances where life reached beyond one hundred years are reported, one female 100 years and ten months, the other 103 and 8 months.

In regard to nativity, there has been a decrease in the foreign element, in the number of deaths, and this has been going on for several years. The diminution has been in the larger counties, while the proportion of males to females was among Americans as 100 to 107, it was among foreigners 104 to 100.

On the cause of death, the Report says, "No disease prevailed during the year which created any unusual alarm. Diphtheria was perhaps the most decided; partly from its novelty, and partly because of its rapid and fatal termination . . . The traumatic diseases were more than two per cent. higher than

the average for the last five years, but just the same as the average for the preceding twenty-one years." Constitutional diseases were at a less rate than for many years, being only 26-32 per cent. against 29.55, the annual average for twenty-one years. This was especially noticed in regard to tubercular disease. There were 493 deaths from accidental causes or negligence, against 610 the preceding year; the same number of suicides (82) as in 1861. There were 183 persons drowned, of which 160 were males; only four men killed by lightning; 24 were poisoned, and 60 died from railroad accidents. 124 deaths, 88 males and 36 females are charged to intemperance and delirium tremens. No deaths are ascribed to fistula, strictures, hydrophobia, chorea or disease of the pancreas. The deaths from diphtheria varied but little from the previous year, showing that the epidemic has not been gaining ground. Many cases in children have been undoubtedly mistaken for other diseases, contrary to other years; the males dead predominate over the females. 479 deaths are recorded from dysentery, 53 less than in 1861. As usual there were more males than females. The number of deaths (1,133) from typhus fever considerably exceeds that of the former year, which may be attributed to the return of soldiers with the disease. There were more male than female deaths; 369 cases of measles, 206 males, and 163 females were reported; 209 more than in 1861; largest number occurred in June, the smallest in December, showing the fatality of the disease in warm months, which is opposed to the idea that the mortality is caused by pulmonary symptoms, aggravated by cold. The oldest person reported was between 70 and 80. Of the 1261 deaths from scarlatina, 637 were males, and 624 females. This is larger than the average for the last eighty years. January was the most fatal month, and September the least so. 70.74 per cent. died under five; 124 deaths were from erysipelas, 70 died in the winter and spring months, showing that cold favors the development of the disease. Croup, 484 deaths; males 266, females 216. The greatest mortality was in December, 16.53 per cent., the least in July, 3.31 per cent.; 85.74 per cent. occurred under the age of five. Cholera infantum 600 deaths;

males, 407; females, 402. Of these 39.33 per cent took place in August, and 29.80 per cent. in September, Less than 2 per cent. took place in the cold months, December to April. Teething, 285; males, 163; females, 132. The number from this cause has been diminishing for several years. Consumption, 4,267; males, 2,002, females, 2,265; or about 116 females to 100 males. April was the most fatal month, and July the most exempt. The fatal age was between 20 and 30; 26 per cent. died. The tables showing the malady in different localities are interesting in comparing inland with the Atlantic Counties. In the latter we really have one death from consumption to 256 persons living; while in the former we have one to 294. The remarks upon the antagonistic relation of ague and consumption, and the relative frequency of these diseases in Northern and Southern localities, are worthy of perusal. From pneumonia there were 1,140 deaths; males, 606; females, 524. This is about the average for the last eight years.

Some "more statistics" are given, but I will not make any abstracts, as they are not very perfect. To appreciate such a Report as this, it must be read, for no deductions, or any analysis, can do justice to the extensive and elaborate tables, or to the critical and explanatory remarks by Dr. Gould, in his sixty pages of "Summary Observations." The statistics of the State compared with other States, and other countries, add much to the interest of the Report. The Report for 1865 will soon be forthcoming from the same source.

At a stated meeting of the Committees of the Massachusetts Medical Society, Feb. 1st, a vote was passed that after the present year, two days should be devoted to the annual meeting of the Society. This will give more time for both intellectual and pleasurable enjoyment. At the last meeting of the American Medical Association, in New York, it was voted to hold the next meeting in Boston, June, 1865. Some time after a special meeting of the Suffolk District Medical Society was called, to get up a protest against having the expected Association in Boston this year. It was thought by the callers of the meeting that the invitation of the delegates to New York to have the Association here, did not reflect the senti-

ment of the profession. But the action of the delegation was sustained by a large majority. At the recent Councillor's meeting, a vote passed by a very large majority, advising the Committee of Arrangements for the contemplated meeting, to postpone it this year. The committee (consisting of eight) are equally divided on this point. The chief reasons for postponement are these: 1st. That the country is distracted by the rebellion. 2nd. That so long as this state of things exist the profession here do not feel that enthusiasm and interest so essential, to make the meeting a decided success. And lastly, that when peace returns the doors of welcome will be open wider, and with more generous hospitality; and that more States will be represented, and the reception Committees better prepared to report on the special topics assigned to them. These are some of the considerations which at present fill the minds of some of the profession, as to the propriety of holding the convention this year.

The committee of arrangements in view of this state of feeling, have prepared a statement of the facts in the case, to present to the more important officers of the association, for their advice in the premises. The Permanent Secretary has already advertised to some extent in anticipation of the expected meeting. If the Convention should be put off until 1866, I trust it will be no loss to the profession in other States. In New York there *did* seem to be a want of interest in the association, by many of the physicians of that city. Whether it was, in part, on account of the state of the country, or from a want of scientific matter before the Convention, as a large number of committees were not prepared to report on their special assignments, will I not take the responsibility of volunteering an opinion at this time. But I do think the interests of the association would be advanced by holding biennial or triennial sessions instead of yearly.

B.

Reviews and Notices.

A History of the Intellectual Development of Europe: By JOHN WILLIAM DRAPER, M.D., L.L.D., Professor of Chemistry and Physiology in the University of New York: Author of a Treatise on Human Physiology, &c., &c. Second Edition. New York; Harper & Brothers, 1864.

This second edition of Dr. Draper's "Intellectual Development of Europe," has been kindly forwarded to us for notice; and has been on our table for some time, awaiting that leisure which we hoped would enable us to give to it more than a mere bibliographical acknowledgment; we begin to fear we shall have no early day for a critical review, and take this occasion, therefore, to call the attention of our readers to a very readable and unusually interesting philosophical treatise on the History of the Development of Europe.

In his preface the Author remarks that as long ago as the meeting of the British Association for the advancement of Science, held at Oxford, in 1860, he "read an abstract of the physiological argument contained in this work, respecting the mental progress of Europe, reserving the historical evidence for subsequent publication." "This volume contains that evidence. It is intended as the completion of my work on Human Physiology, in which man was treated of as an individual. In this he is considered in his social relation." And herein consists the especial propriety of a full notice of the work before us in a Journal of Medicine. The book is the result of the study and thought of one of our prominent medical teachers; and it is something more—it is a treatise on the mental growth of Europe, from a peculiar stand point—the Physiologist's stand point; wherein the Author strives to apply certain well established laws of the individual creation, to the growth and life and decay of the social fabric. The general idea is not entirely new, but so far as we are familiar with historical reading, the attempt has not been made, heretofore, to demonstrate these general principles on any extended period of history.

That Prof. Draper has some original ideas, and is not fettered by conventionalities, or precedents, is very evident from the most superficial reading of his book. He does not mani-

fest the disputatious spirit of the skeptic—but he has the will to reason and question with the independence of a philosopher. The following paragraph will, in some sort, illustrate the truth of these foregoing remarks, and at the same time afford a key to the *thought* of the whole treatise.

“Does the procession of nations in time,” says Dr. Draper, “like the erratic phantasm of a dream, go forward without reason or order? Or is there a predetermined, a solemn march, in which all must join, ever moving, ever resistlessly advancing, encountering and enduring an inevitable succession of events?”

In this, our Author is not expressing the spasmodic sentiments of a blind fatalist, but is simply preparing the way for his demonstration, that the social fabric, like the individual man, is subject to certain fixed and immutable laws, under the control and in subjection to the inscrutable wisdom of an Almighty Power. Something of the same thought runs through the following: “Man is the archetype of society. Individual development is the model of social progress.” And again,

“The life of individual man is of a mixed nature. In part he submits to the free will impulses of himself and others; in part he is under the inexorable dominion of law. He insensibly changes his estimate of the relative power of each of these influences, as he passes through successive stages. In the confidence of youth, he imagines that very much is under his control; in the disappointment of old age, very little.” . . . “He sees that a Supreme Power has been using him for unknown ends—that he was brought into the world without his own knowledge, and is departing from it against his own will.”

The intellectual development of Europe is treated of in twenty-six chapters. The first is introductory; it to a certain extent foreshadows the idea of the work, and enunciates the particular views our author proposes to demonstrate in his peculiar grouping of European social progress, which, as we have already stated, is the theory that to nations as to men, there is a birth, childhood, maturity, old age, and death; that such is the natural history of national existence. The successive chapters reviews the topographical and ethnological descrip-

tion of Europe; its geology; its geography; the relations of all these circumstances to ancient and modern theology, philosophy, science and art. From Buddhism to Socratic and Platonic teachings; the Greek ages of Inquiry, Faith, Science and Intellectual decrepitude; are severally reviewed and arranged as developing the progressive eras which were to follow. In like manner Paganism, and progressive civilization and Christianity; Image worship, and Mohamedanism; monasticism, and the crusades, are, in their respective places, developed and systematized as part of the great plan of European events.

To the medical reader chapter XIII being a digression in Arabian history, will afford especial attraction. Take the following topics which come up as a part of the material of this chapter: "Antagonism of the Byzantine system to scientific medicine—suppression of the asclepions—their replacement by miracle cure—the Nestorians inherit the old Greek medicine—a sub-digression on Egyptian medicine, with notices of its schools, dissections, vivisections, &c.—notices of magic—necromancy—black art—the Philosopher's stone—elixir of life, etc. The Arabs discover chemistry—the strong acids, phosphorus, and application of chemistry to the practice of medicine."

But we close this imperfect notice for the present with the regret that we so poorly express our appreciation of a very readable book, but at the same time we hope we have said enough to stimulate our readers to an early purchase of this work, and careful study of its philosophy. Now, especially, when our own nation is hopefully struggling up through its great eventful revolution, it becomes every earnest man to study faithfully the experience of the past, that we may find that light which fitfully or steadily gleaming from the distant horizon may guide to renewed vigor and life, or sadly, perchance, direct in the certain path of premature decrepitude and decay and death. For sale by Robert Clarke & Co. Price \$4.

Transactions of the Illinois State Medical Society: Fourteenth Annual Meeting, held at Chicago, May 3d, 4th and 5th, 1864.

The transactions of the Illinois State Medical Society for 1864 afford quite a voluminous volume. After the usual record of the proceedings, we have first a lengthy and very interesting paper by Prof. N. S. Davis, on Practical Medicine. The principal part of the paper is occupied in a notice of erysipelas and spotted fever, appearing as epidemics in Chicago and Northern Illinois during the latter part of 1863 and spring of 1864. A portion of the cases of erysipelas, under the care of Dr. Davis, were treated exclusively with the sulphite of lime, in doses of half a drachm to a drachm, repeated every two hours at first, and afterwards every three or four hours, until convalescence. Other cases were treated chiefly with the tincture ferri chloridi, in doses of twenty—thirty drops, repeated every two hours, until the external inflammation was arrested. Dr. Davis thinks spotted fever, or cerebro spinal meningitis, is a "blood disease," but does not regard its pathology as very well defined or established. He remarks: "The suddenness with which the disease attacks its victims; the rapidity of its progress, and the uniformity with which it leaves traces of morbid action, in certain structures, certainly indicate the action of some subtle and energetic poison. Whether it is derived from without or generated within, its primary action seems to be directly on the *vital affinity* of the tissues—so far suspending it as to impair all the organic changes, and thereby retard the movements of the blood in the whole capillary system of blood-vessels, indicated by rapid suspension of one function after another, and the early appearance of purple or ecchymosed spots."

In the treatment of spotted fever, Dr. Davis adheres to the use of belladonna, as recommended by him some time since, and noticed in this *Journal*. He also recommends tinct. cantharides, cold to the occiput, remedies affording oxygen, phosphorus and chlorine, and alludes in favorable terms to permanganate of potash, as suggested by Dr. Dunlap, of this State.

The Report of the Special Committee on Diseases of the Eye: By Dr. Holmes, of Chicago, has interesting points, but

is mainly a report of the operations and results of the Chicago Charitable Eye and Ear Infirmary.

Dr. Mc Vey, of Morgan county, gives a brief paper on Cerebro—spinal meningitis. In the treatment he deprecates quinine, and advocates the use of large doses of opium—say four or five grains; arsenic, in the form of Fowler's solution; strychnine if there be muscular prostration; and active local stimulants.

Orthopædic Surgery: A lengthy and very able report on this surgical speciality is given by Dr. David Prince, of Jacksonville, Illinois. Wood cuts, illustrating cases—deformities and surgical appliances—add to the interest of the paper.

We also have papers on *Puerperal Fever*, by Prof. Delaskie Miller, of Chicago; on *Spotted Fever*, by Prof. Allen, of Chicago. The volume entire is creditable to the Illinois State Medical Society. Dr. Luce, of Bloomington, was elected President for the ensuing year, and the Society adjourned to meet at that place for the year 1865.

Annual Report of the Surgeon General of Ohio for the year 1864.

The Annual Report of Surgeon General Barr has been laid on our table, and we have examined it with a good deal of interest. It shows a large amount of labor performed, as we should naturally have anticipated.

The State Board of Examiners for Surgeons and Assistant Surgeons of Ohio Regiments, for the year 1864, consisted of Dr. Russell, of Mount Vernon; Dr. Weber, of Cleveland; and Dr. Murphy, of Cincinnati.

The Surgeon General compliments this Board upon the faithful manner in which they have discharged their duties, and in reference to the high character of Ohio Surgeons and Assistant Surgeons. He remarks: "I am happy to state that among the medical staff of Ohio there have been, during the year, but *three* dishonorable discharges from the service, two of whom, on proper hearing, have been reinstated, and that from all the armies and field of service there have come up to this department the highest praise and encomiums of Ohio Surgeons and Assistant Surgeons."

We are happy to express our convictions that this opinion of

the Surgeon General is but the simple truth, not exaggerated; and we are further well satisfied that the wisdom of establishing a State Board of Examination, whose conscientious discharge of duty, and whose elevated and strict standard of qualification has been alluded to in the report before us, has made an important impression upon the character of the medical men of Ohio. We are confident it has "inspired a spirit of activity, study and emulation" in the ranks of the profession heretofore unknown.

During the year there were one hundred and thirty appointments of Surgeon and Assistant Surgeon. They were not all new men, some of them had already been in the service, and had been temporarily disabled.

The number of promotions were sixty-nine.

The number of resignations, forty-four—most of these were compelled, from ill-health—health failing in the service, never to be regained.

Mustered out by expiration of term of service, thirty-seven.

There were mustered into service, by order of Gov. Brough, for the "One Hundred Days Service," forty-two Regiments. These were also supplied with surgeons and assistant surgeons.

During the year there were fifteen deaths; one Surgeon of U. S. Vol., six Surgeons of Regiments, and eight Assistant Surgeons. The honorable roll was as follows: W. W. Holmes, Surgeon U. S. Vol.; Surgeons F. D. Morris, 35th; F. W. Mar-seilles, 98th; H. N. McAbee, 4th; W. W. Bridge, 46th; James W. Thompson, 10th O. V. C.; and the Surgeon of the 91st, name not given; Assistant Surgeons G. S. Guthrie, 32d; A. J. Rosa, 52d; W. B. Haines, 69; G. W. Sayers, 102d; D. H. Silver, 111th; R. H. Tullus, 7th O. V. C.; F. W. Andrews, 103d, and Z. Northway, 6th O. V. C.

The Surgeon General recommends that the Legislature amend the military law so as to provide for a single medical officer in each county, who shall examine all candidates for exemption from military fines, and grant certificates to Auditor accordingly—the examinations to be governed by the rules of exemption by disability from service in the U. S. Army.

Braithwaite's Retrospect; Part 50; January, 1865.

This old and standard reprint has now reached the advanced age of a quarter of a century. It loses none of its value or interest. The number before us exhibits the same careful discrimination, and abundant editorial gleaning and condensation. Published by W. A. Townsend, 55 Walker street, New York, for \$1 50, each part, or \$2 50 per annum. The *Lancet and Observer* and Braithwaite sent for \$5.

Editor's Table.

The American Medical Association.—The last meeting of the American Medical Association, held in New York in 1864, adjourned to meet in Boston, on the first Tuesday in June of the present year. This appointment was made, as we understand, by invitation of the Massachusetts and Boston delegations. It will be seen by the letter of our Boston Correspondent, that an effort is making to influence the Committee of Arrangements to postpone the meeting at Boston until 1866; we were aware already that a circular had been sent out by the committee, setting forth in the main the reasons enumerated in the letter we print in this number; we can not refrain from expressing our surprise at this state of affairs. Four years ago, at the outbreak of the Rebellion, there was a state of social and mental disturbance throughout the land, which made the postponement of the Chicago meeting manifestly proper: the profession, however, of America, are no longer so remarkably unfitted for scientific and professional pursuits and investigations; nay, certainly in many departments of medical inquiry and discussion, we are most fully and particularly stimulated to energetic study and research. And now that the sittings of the American Medical Congress are regularly resumed, we see no propriety in these fitful postponements; such irregularity would destroy the moral influence and spirit of any Association. What European scientific or medical body would dream of suspending its sessions, or postponing its regular assemblies on account of any extraordinary civil commotion or revolution in the country?

An idea has been suggested in this connection, which may be well worthy of some careful consideration at the proper time; to wit, the question of revising the plan of organization, with, among other

features, biennial or triennial meetings of the Association, instead of annual, as now provided. But this should be maturely considered, disposed of in the regular way, and by the Body itself; and for one we can not consent that even the "Hub of the Universe" shall decide such material propositions for the entire association. If for any reason it be not agreeable to our esteemed Boston brethren to convene in that city until some other year, so let it be, but let there be no postponements; let us meet at some other point.

The following extract, however from a recent editorial in the *Boston Medical Journal*, expresses the proper spirit:

"We trust that the coming meeting in Boston will be the beginning of a new era in the history of the Association. We have received a letter from the Permanent Secretary during the past week, in which he says, 'that determined efforts are being made to have a full representation from the Key-stone State,' and that 'there is every reason to believe that very able reports will be submitted by most of the committees.' There is a growing hope, too, that this annual meeting will be attended by many of our former members, who will be gladly welcomed by their old friends in this city, and it may even be that the bright days of June are coming to us glorious with returning Peace."

Aural Surgery, extraordinary.—We have long since known that there was little practical benefit in showing up the various phases of itinerant quackery, as they come up from day to day; but now and then we note something so exceedingly mirthful that we like to share it. We propose to notice gratuitously the present case, though not to the discourteous extent of giving names.

We were recently handed a letter, which is now before us; it is partly a printed circular, partly a private letter, addressed by the precious quack to his intended victim. The author professes to be par excellence the Oculist and Aurist of the country: he claims to hail from Buffalo, and now on a mission of mercy is visiting the West, and for the present may be found at one of the leading cities of Ohio. He remarks: "Individuals who are deaf should bear in mind that Deafness is never cured except by a regular Aurist. You never hear of a physician curing deafness—*never*. Aurists have remedies of their own, which they do not communicate to other medical men! (Hail very wise and exclusive Aurists!) Aurists do not come West. (Oh!) They must dwell in the centre of dense populations, as they only treat the eye and ear. As an illustration of this, there is not a single Aurist in the State of Ohio. You can go East to them—not they to you!!" (The wise men came from the East,)

The circular is adorned with the usual certificates and newspaper accounts of wonderful cures.

Now, all this seems singularly transparent ; and a body wonders how any person of good, natural sense, can be misled by such a glaring impostor ; but they will be, and this fellow will put greenbacks into his pocket to a satisfactory extent, before he returns to "Buffalo." By-the-way, our friend Miner will doubtless think we are giving a vast deal of importance to a very small subject, but we hope he will look upon our remarks with complaisance and good humor.

But, for the information of our readers, we must not omit to detail this distinguished Aurist's (from the East,) plan of doing business. It's quite as satisfactory as the old plan of diagnosing and treating disease by uroscopy ! A respectable gentleman of a neighboring State addressed this man of science, detailing to him the condition of deafness of two members of his family. The reply is prompt, cheerful, and cheering : He thinks both of the daughters can be successfully treated by him for deafness. "I should prefer," he remarks, "to begin with the youngest, because you have given me more facts, which will render her restoration as near certain as can be attained in the diagnosis of deafness.—The preparations can be sent to your P. O., and used with accuracy, by the full directions I give. The terms are \$40 a month. If more than one month is needed, \$30 a month thereafter, 10 postage stamps to be enclosed with the fee, to pay return postage.—I find all the preparations needed, and send them by mail, for one month, for the terms stated. *Usually I furnish from 4 inches to 2 feet additional hearing the first month*" !!

Who will refuse to be healed on such liberal terms ? \$40 a month, and 4 inches to 2 feet of hearing furnished each month ! Well, we suppose hundreds of fools will be gulled by such knavery, and allow themselves to be fleeced by these lying impostors. The world always has been fond of being cheated—we suppose always will be. (Vide *Hudibras*.) Nevertheless, it is the Good Samaritan duty of physicians, even in the face of these follies, patiently and truthfully to point out to their patrons, the shameful extortion and imposition of these fellows. We must do our duty, and trust to the gradual development of reasonable views and experience, amongst people with the progress of time.

Extract From an Army Surgeon's Letter.—It is evident that the organization of the Medical Department of the Army is far from perfect or satisfactory. In time we shall doubtless improve upon many objectionable features of the service. In the meantime we take the liberty to print the following paragraph which we take from the letter of one of our Indiana Surgeons who has seen a good deal of active service in the front :

I was interested in reading your quotation from "an intelligent Medical Officer in the Army," page 548, Sept. No., 1864. It is not an overdrawn picture, but I think he overlooks the primary cause of the trouble, which, in my opinion, is the appointment of inexperienced Surgeons, U.S.Vols. to important positions, over Regimental Volunteer Surgeons, who have served two or three years in the field with credit to themselves and honor to the profession. A case in point :

In the Army Corps in which I served on the Geo. campaign, an Ohio Regimental Surgeon had been acting Army Corps Medical Director for some months previous to the advance of the army upon Dalton. His professional qualifications were of a high order and he had nearly three years experience in the field, was efficient and highly esteemed by the Military as well as the Medical officers of the division. On the second day out he was relieved by a U.S.V. Surgeon fresh from some hospital in the rear, whose principal qualifications consisted in being able to eat largely, drink freely, sleep lengthily, and issue impracticable and ridiculous orders, thereby confusing and annoying the whole Medical Department of his Division. Every Medical officer in the Division considered him a nuisance. Any industrious Asst. Surg. with six months' experience in the field would have made a better Medical Director. This is one case among many. Such is the effects of the act creating the rank of "Surgeon U.S.Vols.," gotten up to enable a few old fogies to control the Regimental Surgeons, and prevent them doing Hospital or Staff duty. It reflects nearly as much credit upon the late Surgeon General as his famous calomel and tartar emetic order. If he needed more Surgeons, why should he make the novice rank the experienced field Surgeon? Enough.

Ohio Board of Medical Examiners.—A meeting of this Board is called by order of Surgeon General Barr, to convene in the city of Columbus, on Tuesday, March 7th, inst., for the purpose of examining applicants for the position of Assistant Surgeon.

Baron Liebig.—Herr Von Liebig, the well known chemist, has resigned his chair in the University of Munich. He has received a brilliant offer from the Corporation of London to superintend the disinfection, and application to Agriculture, of the liquid and solid dejections of that immense city.—*Buffalo Med. Journal.*

Accidental Poisoning from Druggists' Carelessness—A Case at Quebec.—The following interesting case, we select from the *Canada Medical Journal* of last month; the importance of its suggestion is such that we insert the article at length. The same terrible danger of mistakes exists in all the leading cities of the United States, and for the same reasons enumerated by the *Canada Journal*.

“The facts of this melancholy case are, in brief, as follows: The day after attending a party, three young men entered the drug store of Sturton & Co., and requested the person in charge—who, it appears, was a son of Mr. Sturton—to prepare them a tonic. He prepared for them, as he believed, a draught, consisting of compound tincture of gentian, cardamoms and cinchona, with a few drops of aromatic spirits of ammonia, and essence of ginger, after taking which, they left. They had not proceeded far when they were seized with faintness and great depression of the vital powers. They separated, two going toward Russell's Hotel, where they partook of some brandy; the third wended his way to the office of the Board of Works, where the depression became so great that, being alarmed, he took a sleigh, and drove to Russell's Hotel. Convinced that they had been poisoned, medical assistance was summoned, and all was done that science and skill could suggest; fortunately with success in two instances, but without avail in the third. At the inquest, which was held, the medical men believed that tincture of digitalis had been put into the tonic by mistake, and to the extent of half an ounce. Dr. Marsden was especially positive as to its being digitalis, and gave his reasons most clearly; he had taken much pains to examine the condition and position of the bottles in the drug store, immediately after the discovery of the mistake.

The question was asked by a juror if the tincture of digitalis was not sometimes given by medical men, in large doses, say half an ounce, to which the medical witness replied to the following effect: “It is given, but I consider the practice a bad one; and medical men have been condemned for so doing.” Surely our medical friend will not say that the greatest benefit has not resulted from the employment of half ounce doses of the tincture of digitalis in delirium tremens when the proper cases and subjects for its administration are selected. We have employed it frequently—seen it used frequently—with the most marked beneficial effects. The records of medical periodicals speak as to its great use in this disease. Our own journal of last month contained a brief but interesting case of this disease from Mr. Hunt, Assistant Surgeon of the 4th Battallion, Prince Consort's Own Rifle Brigade, stationed in this city, which we think no one will deny, would have terminated fatally but for the judicious employment of the tincture of digitalis in half ounce doses. From this digression let us return. The evidence of the two survivors showed that the unfortunate dispenser was bothered and teased while preparing the draught—and thus he excuses his mistake—this is no excuse, only a palliating circumstance in the case. The jury returned a verdict of man-

slaughter against young Mr. Sturton, who was admitted to bail. We can not imagine that any great punishment will be awarded to this unfortunate young man, who seems to feel most deeply his sad position, for though a very careless mistake, it is one ever likely to occur so long as the present condition of things is allowed to continue. What, then, are the causes of these constantly recurring fatal mistakes, and what means ought to be taken to prevent them? With regard to the first we answer, there are several causes, principal among which is the employment of incompetent assistants. A young man wishing to become a chemist and druggist, is apprenticed for a certain number of years, five we believe, to one in the business, and in the majority of instances, in this province at least, as soon as he becomes acquainted with the names of the different drugs, is allowed at once to become a dispenser. This we consider a great error, and it is our conviction that no apprentice should be allowed to make up a prescription unless under the very eye and guidance of a regular qualified assistant, till he, by examination, show that he has a theoretical as well as practical acquaintance with his business, and has regularly fulfilled his apprenticeship: every prescription should also be checked before leaving the shop, by a second party. The latter is done, we are aware, in at least one shop in this city—perhaps more—but we know it is not universal. Why are so many incompetent assistants found in our drug stores? perhaps our readers ask. We answer, simply because the salary paid to a first-class assistant—one who has regularly served his time—in the majority of drug stores, is so wretchedly small, seldom exceeding £130, often not £100, that no one will remain, but, as soon as his apprenticeship is out, remove to the neighboring republic, or, in despair of ever becoming comfortably well off, abandons the business altogether. Now that the majority of our leading physicians are giving up the dispensing of their own drugs, and giving prescriptions, let those stores, who intend to do a prescription business, get good qualified assistants to superintend that department; *pay them well*, and one step toward doing away with these oft recurring mistakes will be accomplished. Though we have, in answering our first question, also, to a certain extent, done the same to the second, yet there are means which our legislature can use which we think would almost to a certainty prevent the recurrence of such lamentable accidents. At present, in all drug stores, the poisonous drugs, as tinctures of aconite and digitalis, are kept among other substances on the shelves, there being nothing to distinguish one from the other save the name on the bottles. It has been suggested in England to have the outside of bottles containing poison, sanded, and their stoppers made a peculiar shape, so that the moment the bottle was touched, the party would know he touched a bottle containing poison; or, if that escape him, removing the stopper would again remind him. This is very good, but does not seem to us so likely to accomplish the end in view as what we are about to propose, though it might be included in it as an additional safeguard. We would suggest that every article of a poisonous nature should be kept in a case with glass doors which should be always locked, the key hanging at a known spot with a

piece of brass attached, having stamped on it—*poison case*. If such was rendered imperative, taking the key, opening the locked case, touching the bottles, opening the bottles—all would remind the person he was handling poisonous substances. If some such plan as this was adopted, we feel confident that it would, if not entirely, almost, remove the possibility of an error occurring. It is idle to allow the present state of things to continue, for the public do not feel secure, and are loudly calling upon their parliamentary representatives to take action in the matter. We hope this session of Parliament will not terminate without some legislation on this subject.

Since the above was written, the case has been brought before the Grand Jury at Quebec, who have thrown out the bill against young Mr. Sturton.

A New Stethoscope.—M. Kœnig, of Paris, has invented a stethoscope which promises to become very useful in clinical practice, in which the instrument usually employed is often found inconvenient. The new instrument consists of a flat box slightly rounded, containing a diaphragm of caoutchouc, which, by blowing, is made to assume a hemispherical form. To the box thus prepared, a tube of caoutchouc five or six yards in length is attached, and on applying the ear to the outer extremity of this tube, the beating of the heart and the movement of the lungs can be distinctly heard. This, it will be seen, is an important advantage, for the stethoscope can now be applied to the chest of the patient lying in bed, and observations made without inconvenience to either party. There is moreover, the further advantage, that five tubes can be screwed to the box as easily as one, whereby, during a clinical lecture or examination, four students may listen to the movements in the chest of the patient, while the surgeon is making his observations thereon.

Dr. W. A. Hammond.—We have received a copy of a memorial from Dr. Hammond to the Senate of the United States, praying for a re-hearing of his case. He alleges that by the neglect of the Judge Advocate to summon his principal witness, and by other circumstances, he was unable to lay important additional evidence before the Court—and that it is now in his power to produce such evidence in his behalf. He pleads conspiracy, and false testimony, as operating to his unjust conviction, and “By the failure to prosecute the civil suit instituted against him by order of the Secretary of War, and by the fact that there is no appeal from the decision of a Court Martial to a higher Court, your petitioner is debarred all opportunity of vindicating his unjustly aspersed character, but such as your Honorable Body may afford him.”

We see by the reports of Congressional Proceedings, that this memorial has been presented, referred, and reported upon adversely by Mr. Senator Wilson, of Mass.

We clip the following interesting partial analysis of the Report of the Central Ohio Lunatic Asylum from one of our daily papers ;

Curiosities in Lunacy.—The last Report of the Central Ohio Lunatic Asylum gives the occupations of all persons admitted in twenty-six years. In dividing the number of each occupation by the number of the insane it has furnished in that time, we have the following :

Speculators, 1 to 24 ; Artists, 1 to 58 ; Clergymen, 1 to 84 ; Students, 1 to 97 ; Tailors, 1 to 163 ; Merchants, 1 to 154 ; Lawyers, 1 to 169 ; Physicians, 1 to 184 ; Farmers, 1 to 195 ; Butchers, 1 to 215 ; Blacksmiths, 1 to 345 ; Laborers, 1 to 531.

In this it will be seen that speculators, artists, clergymen, and students are badly exposed. It is seen also that the further we penetrate into the working classes the less insanity there is. As to the physicians, we include the regulars and irregulars that are given separately in the Report of the Asylum.

The Report also gives 22 crazy loafers. One would suppose the number would be far greater, for if anything is calculated to make one mad, it is having nothing to do. It may not however, be so hard on those who have no disposition to do anything. The census does not give the number of loafers in the State—so that we cannot estimate the proportion of insane. We can estimate the number, however, from comparison with other classes. For example there are twenty-three insane physicians, and of that profession, the census gives 4,220, which decreased by the ratio of 23 to 22, gives 4,036 as the number of loafers in Ohio ! So there are 35 insane clergymen, and the census number is 2,927 ; from the ratio as above we have 2,012 loafers ! But there were, in the twenty-six years, 1,195 crazy farmers, and the census gives 233,485 farmers in the State ; calculated on this basis, there should be 4,115. If we average it, there are about 3,000 genuine loafers in Ohio ! Suppose it costs \$500 each to maintain them, it is seen that the do-something classes are taxed \$1,500,000 to support 3,000 of the do-nothing class !

In the item of laborers we add together those given in the census as "laborers" and "farm laborers" as the Asylum report does not make that distinction.

It will also be seen from the above, that students are much exposed. Young persons should be nearly exempt, but the record is a sorry one for those who have in charge the health of young men and women sent away from home to school. There is evidently something wrong, that needs reforming.

New Books.—Just as we go to press, we have received a new edition of Dunglison's Medical Dictionary, and also, Transactions of the American Medical Association for 1864.

Notice.—H. P. THROOP is general traveling agent for the *Lancet and Observer*. He will canvass Ohio during the present season.

LITERARY EXCHANGES.—*Our Young Folks*.—Some time ago we announced to our readers the forthcoming of a new monthly periodical for juveniles. By some oversight we failed to receive the new candidate, until after the issue of the February number, which is now before us. It fully meets our most sanguine anticipations, and at once takes full rank as the completest thing of the kind in this country. The editors are J. T. Trowbridge, Gail Hamilton and Lucy Larcom. The contributors are amongst the most attractive of the well known writers for the *Atlantic Monthly*. The publishers have done their full duty in the getting up; the paper—the letter press—the illustrations—are all unexceptionable. Our friends will thank us if they act on our advice, and subscribe from the beginning of this monthly, for the entertainment of their children. Address Ticknor & Fields, Boston, or any respectable Bookseller. Price \$2.00 per year.

The Atlantic Monthly, Published by the same house, at \$4.00 a year, or \$3 with the *Lancet & Observer*—maintains its established reputation as the best literary Magazine anywhere to be found. The March number is duly received.

Godey's Lady's Book.—The March number of this well known lady's companion is received. Our lady friends declare its character fully equal to Godey's old efforts. Its engravings, designs, models, patterns, &c., are very attractive. Price \$3, or \$2.50 with this Journal.

Notice to Subscribers in the Army.—We will take it as a great favor if our army subscribers will take the trouble to advise us of their changes. Such of our list as give us their correct Regiment, Brigade and Division, rarely fail to get their journals. But sometimes a subscriber will request us to mail the journal to a particular city or camp where, for the time, he happens to be, but after a few months the Regiment moves, but the journals continue to go as ordered originally, and of course, are lost; or again, a subscriber orders us to send correctly to his particular Regiment, but by and by he is mustered out or resigns and goes home, or is changed to some other corps or regiment, and after five or six months we receive a notice that several numbers have never been received; of course we can not keep track of these changes unless advised; and we repeat the request that our subscribers regularly and promptly advise us of their changes of address and return from service in the field.

Errata.—In the article of Dr. Reeve, of Dayton, on page 92-95 inclusive, several vexatious errors are made; on page 92 he is made to report his cases as occurring in 1860—it should read 1864. On same page we have “as two of them were exactly alike” instead of “no two,” &c. “The worst of the disease” is given instead of “brunt of the disease;” on page 95 he uses “waxen lard” as a local application—“melted lard” was written originally; by some final oversight also, he is made to report VI cases—there were VII in copy.

Commencement Exercises of the Ohio Medical College.—On the evening of Thursday, 2nd inst., the Commencement Exercises of this old Institution were held in the lower lecture room of the College Edifice; on which occasion the degree of Doctor in Medicine was conferred on the following gentlemen, forty-six in number:

William C. Aikman,.....	Ind.
David R. Amitage,.....	“
D. S. Armer,.....	“
William I. Andrews,.....	Ky.
Emil Arnold,.....	Ohio.
S. F. Ballinger,.....	“
J. C. Bartlett,.....	“
John W. Blizzard,.....	“
S. W. Brown,.....	Ky.
O. S. Chapman,.....	Iowa.
Clement B. Chinn,.....	Ky.
George R. Conard,.....	Ohio.
Lyman Dow,.....	“
W. A. Dixon,.....	“
J. R. Featherston,.....	Ky.
Herman Fischer,.....	Ohio.
David C. Galbreath,.....	Pa.
William R. Hamilton.....	Ohio.
Lewis H. Hazeltine,.....	N. Y.
M. V. B. Johnson,.....	Md.
Amos Lawrence,.....	Ohio.
P. Wesley Lewellen,.....	Ind.
John Charles McKenzie,.....	Ohio.
Lewis Mente,.....	Ohio.
Justus Austin Monser,.....	“
Charles E. Monroe,.....	Mass.
Arthur C. Newell,.....	N. H.

Samuel Nichols,.....	Ohio.
I. Powers Orr,.....	Ind.
L. S. Barton Otwell,.....	Ohio.
T. W. Pendergrass,.....	Tenn.
W. H. Phythian,.....	Ky.
Hiram M. Pearce,.....	"
Jeremiah B. Reynolds,.....	Ind.
Jason Roberts,.....	Ohio.
Charles A. Schneider,.....	"
Johnathan E. Tefft,.....	Mo.
Samuel C. Webb,.....	Ky.
James H. Welsh,.....	Ind.
Wm. R. W. Wilson,.....	Ohio.
Marion F. Williamson,.....	"
W. Harry Willett,.....	Ky.
Henry C. Young,.....	Ind.
James N. Young,.....	"
J. W. White,.....	Ohio.
William A. Simmons,.....	Ill.

In presenting the graduates to the President of the Board of Trustees, Flamen Ball, Esq., the Dean of the Faculty, Prof. Comegys, remarked that the present session had been the most prosperous of any for many years, and the number of graduates amongst the largest the Institution has ever known.

Mr. Ball conferred the degrees and pronounced a brief, but well timed address, fitted to the occasion.

The Valedictory address was by Prof. Bartholow, and was replete with those general principles that should guide, encourage and stimulate the young practitioner in the new field of labor he has just chosen. The address was well received, and creditable to the occasion.

We were pleased to see a fine audience of ladies and gentlemen present, and our criticisms on a former occasion appear to have had the good effect of bringing out the profession of this city to a fair degree, as we observed a respectable representation of our medical friends in the Amphitheatre, ready to greet their new brethren to the bonds and trials of our divine calling.

IT is stated in the *Medical and Surgical Reporter* that the amount raised by subscription for the hospitable entertainment of the members of the American Medical Association at New York last year was \$5,249. The number of delegates present was five hundred.

“Notwithstanding the handsome and liberal manner in which the Association was entertained, the amount collected for the purpose was found at the conclusion to be more than double what was necessary, and there remained a surplus, after all the bills were paid, of \$2,733 67. The disposal of this unexpended balance became a question of interest, which was finally settled as follows:

“By resolution of the committee, it was directed that the amount be returned *pro rata* to the contributors, or donated to the building fund of the New York Academy of Medicine, or to the New York Society for the Relief of the Widows and Orphans of Medical Men, as the respective contributors should designate. Accordingly the whole surplus, being 52.08 per cent. of the amount subscribed, was disposed of as follows:—Sixty-two contributors, subscribing \$1,990, had returned to them *pro rata* \$1,036 43; forty-seven contributors, subscribing \$922 50, donated their surplus of \$480 42 to the building fund of the Academy of Medicine, and eighty-five contributors of \$1,601 50, donated their portion of surplus, \$83 02, to the Widows' and Orphans' Relief Society. Thirty-eight contributors, subscribing \$735, failed to designate, as requested, what disposition should be made of their unexpended balance, amounting to \$382 80, and this sum was consequently divided equally between the two societies above-named, whereby the whole amount collected was finally disposed of, and the committee concluded their very satisfactory and interesting labors.”—*Boston Medical and Surgical Journal*.

The Smithsonian Institute.—Last week the country and the world met with a sad loss in the destruction by fire of a portion of the valuable contents of the building of the Smithsonian Institute, at Washington. The loss was chiefly in the valuable scientific apparatus and records of the establishment, and in the gallery of Indian portraits. Happily the library and museum escaped with comparatively little damage. Among the losses, we see it stated, were some important papers prepared by Drs. LEIDY and WOOD of this city. It is to be hoped that these gentlemen have retained copies so that they can be replaced.—*Medical and Surgical Reporter*.

The New York Hospital Library.—The library of the New York Hospital has recently been enriched by a bequest from the late JOHN WATSON, M. D., for many years attending surgeon of that institution. The gift comprises about six hundred volumes of rare and curious works on medical science and kindred topics. They comprise antique black-letter folios and quartos printed two centuries ago; recondite treatises on abstruse subjects; chronicles of theories long since exploded, readopted, and exploded again; histories of diseases and their remedies, as they were understood in ages when the disciples of the healing art had little or no knowledge of the principles on which its practice is now founded; pamphlets in learned, dogmatical and oracular style, and many words which the student or antiquary may peruse with interest. By direction of the testator, the hospital was authorized to make its own choice from his rich stores, and the selection was confided to Dr. JOHN L. VANDERVOORT, a gentleman of high reputation in his profession, who has been for nearly thirty years past the librarian of the New York Hospital. The Hospital Library now numbers about eight thousand volumes.—*Medical and Surgical Rep.*

Pennsylvania Hospital.—We learn that Dr. FRANCIS G. SMITH has resigned the position of Physician to the Pennsylvania Hospital, which he has filled with so much credit. The Trustees have filled the vacancy thus caused, by the appointment of Dr. J. M. DACOSTA, the very best selection that they could have made. On being elected to this position, Dr. DACOSTA at once severed his connection with the Philadelphia Hospital, where he served very acceptably for several years.—*Medical and Surgical Reporter.*

Army Medical Intelligence.

Promotions.—Among the promotions in the Medical Department sent to the Senate by the President are the following:—Medical Inspector-General, Joseph K. Barnes, to be Surgeon-General, with the rank of Brigadier-General, August 22d, 1864, *vice* Hammond, dismissed. Surgeon Madison Mills, to be Medical Inspector-General, with the rank of Colonel, December 1, 1864, *vice* Barnes, appointed Surgeon General.

Compliment to a Medical Director.—The following very flattering letter was recently addressed by Major-General STEEDMAN to Dr. A. C. JENNER, of Alliance, Ohio, Surgeon 5th Regiment, O. V. I.:

HEADQUARTERS, DISTRICT OF THE ETOWAH, }
CHATTANOOGA, January 18th, 1865. }

MAJOR—I desire to express to you my thanks for the prompt, effi-

cient and satisfactory manner in which you discharged the duties of Medical Director on my staff during the recent campaign, and especially on the battlefield before Nashville, and my profound regret that your duties, with your command at Savannah, Geo., deprives me of your services.

Very respectfully, your obedient servant,

JAMES B. STEEDMAN,
Major-General Com'dg.

Surgeon A. C. JENNER,
Fifth Reg't O. V. I.

Demand for Physicians—The Medical Director of Philadelphia has received an order for twenty-six contract physicians to fill the vacancies in the Twenty-fifth Army Corps. If their services should prove satisfactory at the end of their three months' contract, they will be commissioned as assistant surgeons without an examination. The new office of the Medical Director is at the N. E. corner of Broad and Spruce streets.

Assignments—The station of Lieutenant-Colonel George H. Lyman, Medical Inspector, U. S. A., assigned to duty as Medical Inspector, Department of the East, is hereby changed from New York city, to Boston, Mass.

Died—Surgeon M. F. Cogswell, U. S. A., an old and distinguished citizen of Albany, N. Y.

Miscellaneous—Surgeon A. K. Smith, U. S. A., who was ordered to Savannah, Georgia, has been ordered to remain attached to the U. S. Laboratory, Philadelphia, Penn.

Brevet Colonel Charles McDougal, Surgeon U. S. A., is hereby assigned to duty, with pay and emoluments according to his brevet rank from January 23, 1865.

Ophthalmological Department.

EDITED BY E. WILLIAMS, M.D., CINCINNATI.

Aqua Chlori as a Collyrium.

IN the Archiv f. Ophthalmologie for 1864, part 2d, Dr. Græfe has published the results of a series of experiments with over six hundred patients, with Aqua Chlori. He was first led to use it as a disinfectant against *accidental inoculation*. He used it several times, in a diluted form, to wash out his own eyes, immediately after particles of mucus from the eyes of patients, with purulent and diphtheritic conjunctivitis, which he was manipulating, had been spattered into them. He afterwards used it in his hospital clinic, for the same purpose, with patients. Finding the conjunctiva tolerated it remarkably well, even in a concentrated form, he resolved to pursue his experiments still

further. In cases of gonorrhœa ophthalmia confined to one eye, the other was closed by charpie, wet with diluted chlorine water and confined by a bandage. In very little infants and others, where the application of a bandage was impracticable, compresses wet with it were kept on the non-affected eye, or it was used several times a day, dropped into the eye to decompose or neutralize any matter that might get into the conjunctival sack. While no very marked results were evolved from its employment in this way, the tolerance which, even an irritated conjunctiva, manifested for the substance was remarkable. This fact induced Dr. Græfe to institute trials of it as a therapeutic agent in various diseases of the eye. In simple catarrhal conjunctivitis, with but little swelling of the cul de sac of the conjunctiva, and no granulations, its effects, used in the officinal strength, dropped into the eyes once or twice a day, or brushed on the everted lids, although favorable, were inferior to those of the ordinary remedies—especially applications during the period of evolutions, and a solution of argent, nitric, even before the acme of the disease is reached. Only in a few cases of catarrh, complicated with ectropium, where, sometimes, great irritation results from the nitrate of silver, the aqua chlori acted better; likewise in persons with tense lids that press very hard against the eyes. Such patients, in whom the lids rub comparatively hard against the globes, show great intolerance towards all substances that cause an abundant exfoliation of epithelium, and often can not bear the nit. arg. at all.

It is especially, however, in the following cases that Dr. Græfe recommends the aqua chlori :

1. In *contagious catarrhal conjunctivitis*, where there is not too much irritability and keratitis does not seem to be threatened, used in the officinal form, dropped into the eyes once or twice a day, or brushed on the conjunctiva of the everted lids.

2. In granular conjunctivitis, especially as a preparatory treatment for other topical remedies. In the acute stage of this disease, when there is much tension of the conjunctiva, photophobia, more or less pain and injection of the subconjunctival vessels; when the midriasis produced by atropin is limited and passes off quickly; and when abrasions of the epithelium, at the margin of the cornea, indicate a tendency to the extension of the disease to that membrane, *all irritating* applications are to be strictly avoided. Follicular or granular conjunctivitis, in the acute or forming stage, will not bear the use of the metallic astringents as soon as contagious catarrh, with marked swelling of the reflected portion of the conjunctival membrane, but without

any perceptible granulations. In such cases, we are obliged to wait a good while before we can venture to use them, for fear of increasing the subconjunctival inflammation or causing inflammation of the cornea. Still, it is very desirable to use some local application as early as possible so as to modify the diseased action of the conjunctiva and thus prevent formation of granulations. Under such circumstances, when the irritability does not transcend certain limits, the aqua chlori renders valuable service. It diminishes the swelling, and abridges the period which must pass before one can safely commence the use of the ordinary topical applications. It is a sort of *transition treatment* between the antiphlogistic and anodyne and the stimulating. If the chlorine water is used too soon and increases the inflammation, it must be abandoned till the period of toleration is established. The aggravation, however, caused by its too early use, is transitory compared to that from the premature application of metallic substances, such as sulph. of copper, &c.

3. In the advanced stages of granulations, with partial contraction of the conjunctiva and obstinate pannus. In some such cases he has seen very striking effects from this collyrium, as contrasted with other topical remedies. He describes two desperate cases of inveterate *total pannus trachomatousus* which had been treated for months by the usual topics, such as nit. arg., cupri sulph., acetas plumbi, &c., in every variety of form, and even by *syndectomy* and one by *inoculation*, without benefit, and which improved most satisfactorily under the use of the aqua chlori. The vision in both was reduced to quantitative perception of light—in one for more than a year and in the other for half a year. The disease itself had lasted for several years; the conjunctiva itself partly atrophied and shrunken, and partly occupied by deeply bedded, hard masses of granulations; the papillary structure only in isolated portions and moderately developed, and the cornea covered with a thick network of vessels, imbedded in a grayish infilliation. While all the above-mentioned remedies, faithfully employed for more than a year, had not succeeded in enabling the patient to count fingers even when held as near as possible; the use of the aqua chlori made this possible in eight days, and in six or eight weeks the improvement was so great that the patients could find their way about very well alone. In many other cases of trachomatous of less severity, it afforded good results as compared with other remedies. It seems that it is especially serviceable in patients where partial atrophy of the conjunctiva is combined with still numerous vesicular or trachomatous granulations, and the vascular stratum of the conjunctiva and

of the papillæ is but little developed—a condition often seen in the advanced stages of trachoma. Such eyes are often very sensitive to the mineral astringent, even the mildest, on account of an already commencing insufficiency of secretion from the conjunctiva, and the chlorine water is a particularly welcome remedy. Why it is, however, that it was, in a certain quota of the best selected cases, of no avail or even pernicious because of increased irritation, is no more to be explained than the *variable effects* of other topical applications, under *apparently the same conditions*.

Some years ago, Dr. Grafe (A. f. O., vol. 1, p. 242) called attention to the fact that in the long continued topical use of atropin, there occurs often a state of intolerance, which manifests itself by conjunctival congestion and irritation, epiphora and œdema of the lids, coming on after each new application. It has to be suspended in such cases, and the conjunctivitis treated by astringents till the reaction subsides and tolerance is again established. Notwithstanding the conjunctiva is free from appearances of redness and symptoms of irritation, the local use of a single drop of the atropin solution will immediately excite them. A few years ago, I had occasion to extract cataracts from a man who had used atropia for several months previously, once a day, to keep his pupils dilated. After the operation on one eye, the medicine was applied very frequently for a few days, when a state of great irritability set in, with vivid redness, profuse lachrymation, serous chemosis and œdema of the eye-lids. On leaving it off and using another midriatic, the *hyosciamine*, for a few days, the unpleasant symptoms passed away. I tried it twice afterwards when the same thing occurred. Some months subsequently, I operated on the other eye and found the same intolerance still present. One single drop of an eight grain solution caused so much inflammation that I was obliged to fall back again upon the *hyosciamine*. We see this in the treatment of chronic conjunctivitis and other forms of inflammation of the eye, but especially of granulations, with caustics and astringents. A substance that at first acts well will eventually, if used a long time, become more and more irritating, till it not only ceases to do good, but actually aggravates the disease. Another remedy then, even much inferior to it as a general rule, may, for a time, have a much happier effect. I see this in practice every day, and hence alternate the different local applications, changing them according to the effects produced. We do not know why this cumulative effect should be produced, nor what the change in the anatomical character of the conjunctiva is. There are no appearances by which

it can be inferred. If two patients, with granulations, present themselves for treatment with, to all appearances, the same conditions, one may be benefited and the other decidedly aggravated by sulphate of copper or any other substance used the same way in both. This is not always, but frequently due to the saturation and cumulative intolerance, caused by the previous long continued use of the remedy in the one case, while the other may have been treated with other substances. This is the reason why patients often get better on changing physicians, which, of course, leads to a change of treatment. Careful tentatives and close watching of the effects of the article applied, are the best and only means of ascertaining what a new case will bear, or what an old one may do under a new application. A few well-known substances, properly and opportunely used and alternated, will, in most cases, accomplish all that therapeutics can accomplish. Some, however, will prove refractory to all the known remedies; and it is for the benefit of such that we should be acquainted with a larger number of agents, so that our resources may not be exhausted sooner than our patience. I am very glad, therefore, to give to the profession, in this country, another remedy for granulations, especially when it comes recommended by so patient and careful an observer as Dr. Graefe.

4. Another class of diseases, in which he has experienced happy results from aqua chlori, is *phlyctenular* conjunctivitis, complicated with *contagious catarrh*; as indicated by considerable swelling and infiltration of the reflected portion of the conjunctival membrane, with secretion of mucus combined with more or less of purulent element. In such cases, if there is not very much irritation and no special tendency to keratitis, the application of the remedy is very beneficial. It diminishes the swelling of the reflected portion of the conjunctiva, without irritating unduly the phlyctenular process. Sometimes it suffices of itself to cure the disease, while at others it serves as a welcome transition treatment. As the acute inflammation and active congestion of the cul de sac gives way to relaxation and passive congestion, then its use may be followed by local applications of nitrate of silver; or, where the phlyctenular process increases with an abatement of the catarrhal symptoms, it may be succeeded by the local use of calomel, red precipitate ointment or other similar remedies. In my experience, the *brown citrine ointment*, for the preparation of which I have already published the formula, is *vastly the best* of all topical remedies for phlyctenular conjunctivitis and blepharitis ciliaris. I have used it for many years and it has in my practice

supplanted all the other mercurial preparations in those diseases. In simple phlyctenular conjunctivitis, without the catarrhal element, Dr. G. has found the aqua chlori inferior to other remedies. If in the use of it too much reaction is produced, it, of course, must be suspended.

5. A strikingly good effect has been observed from instillations of aqua chlori in that variety of phlyctenular conjunctivitis, characterized by the appearance of large plaques of infiltration in the conjunctiva scleroticæ, rising above the surface of that membrane, which soon lose their epithelial covering and terminate in *ulcera elevata*. These resist ordinary treatment often for weeks, and require to be touched with a point of nitrate of silver, before the ragged necrosis which forms their margins, and fundus will be eliminated, so that a healing surface is presented. In all the cases (about 20) of this kind, he has treated with the chlorine water, an immediate improvement was observed. The bottom of the ulcer began to grow cleaner, uniformly red, and very soon the epithelial covering was reproduced over the spot. This effect is gratifying, because the cauterization, with pure nitrate of silver near the edge of the cornea, is a painful and somewhat risky procedure, especially in unruly patients.

6. The aqua chlori has an extraordinary influence in cases of *Hypopyon-keratitis*—central, circumscribed, torpid infiltrations of pus with progressive destruction of the cornea. As I have given a full account of this disease in a recent number of this journal, embracing the pathological views and special treatments of von Græfe, Weber and others, I will not further describe it here. In addition to the remedies there mentioned, Dr. G. has seen most surprising results from the energetic instillation of the aqua chlori upon the cornea two or three times a day. It is especially applicable to the later periods, where the ragged, irregular, elevated edges of the ulcer are seen undermined by specks or streaks of yellowish exudation, indicating a further spreading of the necrotic process. If, as often happens in this period, the conjunctiva becomes swollen, the indication for the remedy is intensified. Should iritis, however, set in, and the aqueous humor become turbid with or without hypopyum, iridectomy is the indispensable resource for checking the destructive process. Many cases progress favorably, after operation, to recovery without other treatment. In others, however, it is observed that, after two or three days of a "stillstand," reckoned from the time of the iridectomy, the yellowish, marginal patches or specks re-appear, and the ulcer begins to spread. In as much as it now has a tendency to destroy the superficial lamel-

læ of the cornea more than the deeper, it is not so destructive to the vision. Still, in such circumstances, it is of the utmost importance to check the lateral spreading of the necrosis and thus limit the extent of the leucoma which necessarily results. The aqua chlori seems to have a decided influence in this way, and may be commenced within twenty hours after the operation.

Compared with the metallic astringents, it may be said that the aqua chlori, in general, will be borne at an earlier period, even in the *stadium incrementi*. The reason of this, perhaps, is that it causes only a very slight destruction of the epithelial covering. For this reason, it is comparatively a harmless application, as it only produces transient irritation, even if used where not indicated. On the contrary, it must be admitted that the remedy, even in cases where it has proved beneficial, does not, by any means, *always* prove sufficient for the complete removal of the morbid process. Therefore, especially where there is increasing relaxation of the conjunctiva, the stronger astringents can not be entirely superseded by this one through the whole treatment.

In the published proceedings of the last meeting of the Ophthalmological society, held at Heidelberg, in September, 1864, which I have just received in the *Klinische Monatsblätter*, I find a synopsis of Dr. Græfe's paper on aqua chlori, with the discussion which it elicited. Dr. Liebreich of Paris mentioned that he had used a similar preparation, Labarraque's Lotion, on the mucous membrane of the nose, where swelling of that membrane co-existed with a disease of the conjunctiva. Its favorable effect on the schneiderian membrane often made a visible improvement in the conjunctiva.

Mr. Critchett, in comparing it with syndectomy as a treatment for pannus, remarked that we ought not to judge of the effects of that operation soon after its execution. The formation of the white cicatricial band around the cornea is very gradual, and its influence, in relieving the vascularity and opacities of the cornea, continues not only three, four, but even twelve months and more. Dr. Warlomont wished to know if it was possible, in monocular blenorrhœa, to protect the other eye from accidental inoculation by the use of the aqua chlori, without the aid of the compress and bandage. Dr. Græfe answered in the negative, because the remedy could not be applied often enough and for so long a time without too much irritation. The protecting bandage was indispensable. Dr. Donders recommended the protective apparatus of Suellen, by which a glass cup is accurately

fitted over the eye to be protected and maintained there, thus preventing inoculation and allowing the patient to use the eye at the same time.

Editorial Abstracts and Selections.

Prepared by W. B. FLETCHER, M.D., Indianapolis.

PRACTICAL MEDICINE.

1. *Urea in the Treatment of Dropsy.*—Dr. E. Cornell Esten states that he was called on to see a dropsical patient, who had been troubled with “swelling of the belly,” as he termed it, about a year. It had been under treatment the greater portion of that time, yet with little benefit. Upon examination, the following facts presented themselves: Extreme tumefaction of the abdomen, with the veins on the surface much enlarged; has had more or less œdematous swelling of the feet and legs, and when this was absent, generally emaciated, with great thirst, scanty urine, dry skin, much dyspnoea when lying down; nausea, colicky pains and flatulent disturbance of the bowels; appetite variable; bowels generally constipated. The urine was examined, which showed only four parts urea to one thousand of urine, instead of fourteen or sixteen, as it should have done. On the strength of the discovery, the following plan of treatment was adopted:—*R.* Urea, gr. xij.; podophylin, gr. j.; pulv. jalapæ, ʒ j. M.; et div., in chart, vi. *S.* One to be taken daily. Ordered also to keep up the tone of the system. *R.* Quiniæ sulphatis, gr. xij.; acid. sulph. arom, gtt. viij.; M. et div., in pil. vj. *S.* One morning and evening. The diet to be nourishing. But very little drink allowed, and that to be cold.

A decided improvement, passing, in the twenty-four hours, from four to six quarts of water from the bladder. Alvine discharge frequent and watery. After the enlargement of the abdomen had somewhat subsided, applied a common bandage, which was gradually tightened from day to day. After six weeks treatment of this kind, the patient was completely cured; nor has he had a return of the disease since.—*Med. and Surg. Rep.*

2. *Hour of Death.*—Dr. Haviland has ascertained that the fewest numbers of deaths occur from nine to twelve P.M.; and the greatest mortality between one and eight o'clock in the morning. He therefore urges the necessity of feeding and nursing our patients during the morning hours.—*Medical Times.*

3. *Hereditary Occurrence of Diabetes Mellitus.*—Dr. Moser relates that a peasant woman, aged 47, consulted him, stating that during three weeks she had suffered from intense thirst, and passed large quantities of urine. She added that on tasting the urine she found it

sweet, and that her father, his two sisters, and mother died with diabetes. Examining some of the urine which she passed in his presence, he found that it exhibited a specific gravity of 1045°, and contained a great deal of sugar. Three weeks later the son of this woman, a well grown lad of fifteen, exhibited the same symptoms. Specific gravity 1040, and containing much sugar. This diabetes was present in four immediately succeeding generations of the family.

4. *Anthelmintic Properties of Benzine*.—Professor Mosler, of Berlin, has continued his researches on the anthelmintic properties of benzine. According to his views it takes the first rank of all remedies for this purpose, and may be given in large doses, without unpleasant effects. For his experiments upon animals, we must refer the reader to the *Medical Times and Gazette*, October, 1864. Professor Mosler's formula for administering is as follows: *R.* Benzine, 3 ji; succi glycyrrh, mucilage gum arab. a.a. 3 i.; aqua mintha, 3 ii. *M.* Teaspoonful every two hours.

5. The following receipt from the *American Journal of Pharmacy* will furnish a preparation, having the pharmaceutical properties of chlorodyne, according to Dr. Ogden: *R.* Muriate of morphia, gr. viij.; water fl. 3 ss.; perchloric acid (25c B.), gtt. xx.; chloroform, fl. 3 iss.; tinct. of Indian hemp, fl. 3 i.; hydrocyanic acid (U. S. P.), gtt. xii.; molasses fl. 3 ss.; oil peppermint, gtt. ij.; oleoresin of capsicum, gtt. i. To the morphia and water in a small flask, add the perchloric acid, and heat until a clear solution is obtained; then add the molasses, previously warmed, to render it fluid; heat the mixture, and agitate well. When cold, add the other ingredients, and mix thoroughly.—*Boston Méd. and Surg. Jour.*

6. *Nitrate of Silver in Nervous Headache*.—Dr. Socquet considers nitrate of silver an infallible specific for nervous headache. His formula for a pill is: Take of nitrate of silver 3 centgrammes; sal ammoniac, 6 centgrammes; extract of gentian, quantum suff. Two or three of these pills may be taken in the course of twenty four hours, viz: in the morning fasting, in the middle of the day and before going to bed. Nervous headache, lasting for years, have been cured thus in the course of three or four days. Three or four of these pills will remove the headache accompanying the milk fever.—*Cor. Med. and Surg. Rep.*

7. *Rheumatism in the Lower Animals*.—M. Lablanc, in a paper to the Academy of Science, shows that the horse is exposed to three kinds of rheumatism, viz: muscular rheumatism, which may be either acute or chronic; rheumatic synovitis, which generally accompanies pleuritis or pericarditis; and rheumatism in the joints, which chiefly attacks colts. The ox is subject only to the first and last of these affections, with a variety of the latter in the case of calves. Pigs and dogs are only exposed to rheumatism of the joints, and sheep are not subject to any rheumatic affection whatever.—*Cor. Med. and Surg. Rep.*

8. *Effect of Protroleum on the Nervous System.*—Dr. Georges has observed that the emanations of petroleum have a weakening effect on the muscular system, and cause headache, especially in the case of nervous people, and those who live in a confined atmosphere exposed to these emanations. He states that the latter contain a peculiar principle which may be eliminated, and is found to act principally on the heart and brain. Ether of petroleum may, he adds, be used to cool the teguments during surgical operations, because it causes no pain on the bleeding parts.—*Cor. Med. and Surg. Rep.*

9. *Bromide of Potassium in Epilepsy.*—Dr. Robert McDonnell adds his testimony (*Dublin Quar. Jour. Med. Sci.*, Feb., 1864,) to that of others, as to the efficacy of bromide in certain cases of epilepsy. He relates several cases, and states that they have led him to believe that we have in bromide of potassium a remedy of considerable efficacy in epileptiform disease, when connected with uterine derangement, but admits it will not always succeed.

"With regard to doses," he says, "having a considerable experience in the use of this medicine, I can state that it may be given, in larger quantities than usual, with perfect safety. I have given thirty or forty grains, and more, three times a day, for months, without any bad results; and am certain that often a dose of ten grains is too small to develope any good results.—*Amer. Jour. of Med. Science.*

10. *Chlorate of Potash in Bronchitis.*—Dr. Laborde, in a paper on this subject, arrives at the following conclusions: Chlorate of potash incontestably exerts a modifying influence on inflamed bronchial mucous membranes. Simple acute catarrhal bronchitis, and even capillary bronchitis, as well as chronic catarrhal bronchitis, during its exacerbations, are capable of being influenced by the chlorate. The effects produced by it are the following: Expectoration, rapidly modified—at first fluid and diluted, then diminishing in quantity, and finally disappearing. The morbid sounds are almost immediately lessened; the cough allayed; the appetite peculiarly excited. Dr. Laborde thinks that the action of chlorate of potash tends powerfully to re-establish the patient's strength. In this respect this agent appears likely to be useful in all cases where it is necessary to awaken and stimulate the action of the stomach. The average quantity for adults, during twenty-four hours, is one hundred and fifty grains, to be taken in divided doses, with a large quantity of fluid.—*BULL. DE THERAP.*—*From the Canada Lancet*

11. *Sea-Tangle, (Laminaria Digitata).*—*Its uses in the Treatment of Flexions of the Uterus.*—By M. S. Buttes, M. D., New York City.—The *Laminaria Digitata* was first brought before the notice of the profession by Dr. Sloan of Ayr, in the *Glasgow Medical Journal* for October, 1862. In the *Medical Times and Gazette* of November 28th, 1863, is an article by Dr. J. G. Wilson, in which he calls attention to its value in dilating the urethra and os uteri. Mr. Critchett also mentions it in the treatment of stricture of the lachrymal duct, in an article, published in the *Lancet* of February, 1864.

It possesses many very important advantages; it can be worked up of any size and length; it is readily made smooth when dry, and is quite firm, yet elastic enough for all practicable purposes, so that it can be passed as readily as a silver probe. When exposed to moisture it expands to about four times its former size.

While making some experiments with this sea-weed I discovered that if a bougie made of it was bent while dry it would remain so until it was moistened, when it would gradually resume its former straightness; from this I conceived the idea of using it in the treatment of that frequent and hitherto obstinate displacement of the uterus known as flexion, whereupon I immediately gave it a trial, and the result thus far is of a satisfactory nature.

Case.—Mrs. C——— had been troubled for twelve years with dysmenorrhœa, arising from flexion of the cervix uteri. So severe were her pains at each menstrual period that she was obliged to take the bed. The ordinary treatment at the hands of several skillful practitioners had given her no relief.

August 20, 1864, three days previous to her expected menstrual flow, I introduced a bougie made of the dried stem of the *Laminaria Digitata*, the size of a crow's quill, first warming it a little so as to make it flexible; this is the best done by immersing in hot water, then bending it to the arc of a two inch circle, so as to enable me to pass it beyond the point of constriction, which was easily accomplished, and the bougie left *in situ* for twelve hours. When removed it was found to be perfectly straight, and three or four times its former size; there was not the slightest flexion of the cervix remaining.

The patient menstruated three days subsequently for the first time in her life without pain. The flexion partially returned, but the repetition of the treatment for the three succeeding months has entirely and I think permanently, affected a cure. I have tried it in several similar cases with like good results, and hope the profession will take advantage of the above suggestions and give it a more thorough trial than I have been able to do. Several of our surgical instrument makers have sent to Europe for the Sea-Tangle, and will soon be able to supply those who may want it.—*Buffalo Medical and Surgical Journal*.

12. *A Useful Disinfectant.*—Among the many modern agents of this class of medicines, there is none that has proved so useful or been more generally used, than Labarraque's solution of the chloride of soda. But this preparation is not without a few minor obnoxious qualities, and to remedy these qualities, the following method has been used.

Labarraque's solution is very seldom, if ever, used in the undiluted state, owing to the irritation it produces, water being generally used as a diluent.

That this aqueous solution produces an irritation of the surrounding healthy skin, erythematous in character, and at the same time is quickly evaporated, none will deny.

By diluting the strong solution with glycerine, in any desirable

proportion, we have an agreeable disinfectant, and at the same time one which remedies the two evils, if such they may be called, above mentioned. The glycerine retards the evaporation, keeping moist for a number of hours, and at the same time we avoid the dripping from the use of the aqueous solution and the erythema it occasions.

It would seem that this preparation might be especially useful in army hospitals, where the supply of attendants is not the most bountiful. We have used it in a number of cases with entire satisfaction.

M. F. GAVIN, M. D.,

—*Boston Med. and Sur. Jour.* House Surgeon, City Hospital, Boston.

PHYSIOLOGICAL.

13. *On the Motor Nerves of the Uterus.*—Fronkenhauser has experimented on female rabbits, and after a great number of experiments has arrived at the conclusion that the motor centre of the uterus lies in the cerebellum and medulla-oblongata; that is to say, the centre, which, when excited, brings on constantly contraction of the uterus. From that region we can produce uterine contractions by causing the stimulus to act on any point of the spinal cord, either on its external surface or its internal parts, the excitation is transmitted by the fibers which connect the spinal marrow to the sympathetic or the nerves of the uterus. The proof of it is that the excitation applied below the third and fourth lumbar vertebrae produces no effect, except when the anastomic fibers of the sympathetic remain intact; after the extirpation of the mesenteric ganglion of the aortic plexus, we can no longer produce contraction of the uterus. The inferior mesenteric ganglion is the intermediate organ which transmits the motor influence from the spinal cord to the uterus. The excitation applied on the aortic plexus produces contractions of the whole uterine organ; but if the stimulus acts only on half of the aortic plexus, the corresponding half of the uterus is alone brought into action. Fronkenhauser found that the sacral nerves are the agents of suspensive enervation of the uterus.—*Canada Lancel*

14. *Obesity.*—Dr. Down, in the Clinical Reports of the London Hospital, relates a case of a girl of thirteen exhibiting remarkable proneness to obesity. A variety of plans were tried to reduce her bulk, but none successful, until she was placed almost exclusively on meat diet, by which her weight was reduced seventy pounds in one year. The use of drugs appeared to have little effect in diminishing her size while a vegetable diet was allowed; and iodide of potassium, although continued six months, in doses of $2\frac{1}{2}$ grains, three times a day, produced no change.—*Canada Lancel*.

15. *Obesity.*—M. Dancel, while collecting observations concerning the cure of obesity in men, remarked that those who fed on substances containing little or no adipose matter did not diminish in corpulency when they drank much, and it struck him that water and watery substances must favor obesity. The experiments he made proved this to be a fact, and he now expresses surprise at finding

that) among the experiments tried for the fattening of animals, the water, often absorbed in considerable quantities by the subject was never taken into account.

Among the horses of the regiment of the Garde de Paris was one remarkable for its leanness. At Dr. Dancel's request the veterinary surgeon of the regiment diminished its daily ration of oats to a kilogramme and a half, without modifying its ration of straw and hay; but at the same time it was provided with abundance of water, into which, from time to time, a little bran was put, so as to make up a total of a pound a day. In the course of twenty-seven days this horse increased its weight eighteen kilogrammes. In the same regiment was an exceedingly fat mare, that could hardly carry its rider, and, like fat people, used to drink large quantities of water—as much as sixty litres per day. The quantity being reduced to fifteen litres per day, the animal lost its obesity and resumed its former vigor.—*Cor. Med. and Surg. Rep.*

16. *Influence of Periosteum on the Reproduction of Bone.*—This question has been under the most exhaustive discussion in the Medical College at Lyons. M. Ollinor, of Lyons, who has acquired a great reputation on account of his numerous experiments on the periosteum—contending that membrane alone reproduced bone, and that all bone may be reproduced, whatever their form. The condition of the general health of the patient is influential in this work of reproduction. The reproduction in man takes place the same as in lower animals, clinical facts being here accord with experimental facts; hence the necessity of sub-periosteal excisions, much easier and more simple than the resection by the old system. Mr. Ollier exhibits many specimens of reproduced bone, mostly from cats and dogs—both short and long bones were well found and of natural appearance.

M. Desgranges contends, on the other hand, the utter inutility of persevering in these operations, and asserting entire inactivity of the periosteum.

M. Aubert, of Macon, however, comes in with a case which seems to decide the question against the old school. He has operated on a young man, aged 17, from whom he removed a large portion of the tibia. Four years after the operation the young man was able to walk fifteen miles, and, by close inspection, the only thing to attract attention is a small depression where the incision was made.—*Paris Cor. of Lancet.*

17. *Existence in the Human Subject of Organs unprovided with Nerves, Lymphatics, or Capillaries.*—Prof. Simpson, of Edinburgh, in an article in a recent number of the *Medical Times and Gazette* (October 29, 1864,) gives an account of some investigations relative to the structure of the umbilical cord and placenta.

The following are his general conclusions:—

1. The volume of the umbilical cord and foetal portion of the placenta is formed of nucleated cellular tissue, traversed by the tubes of the umbilical arteries and vein and their numerous placental subdivisions;

and the cord and foetal surface of the placenta are covered by a sheath of serous or seroid membrane.

2. Into the composition of these parts no capillaries, vasa vasorum, lymphatics, nor nerves are found to enter.

3. Hence, in human anatomy, we have these organs, forming a large mass, weighing on an average about two pounds, presenting a type of structure resembling that of some of the inferior zoophytes. And,

4. The human mother and her child, two of the most highly-organized beings in existence, are thus temporarily united together, during the intra-uterine life of the latter, by structures of the lowest zoological type.—*Ibid.*

OBSTETRICAL.

18. *Case of Monstrosity, by J. M. Stevenson, M.D., of Adamsburg, Pennsylvania.*—Dr. Stevenson was called on to see Mrs. —, in labor. She is married; the mother of five well formed children. She was of delicate organization, feeble health, and nervous. She informed the doctor that she was at full time, but thought her babe would be deformed, and gave as a reason that when about nine weeks pregnant she was alone with the children, and about dusk a large negro man came to the door and asked for an axe; he was the worse featured and most disgusting man she had ever seen. She fainted, and lay upon the floor till her husband came. Ever since she felt different from her other pregnancies. The following is the doctor's description of the child: "The child, a female, was very large, weighing eleven pounds and a half; the body and limbs were perfectly formed, and their integumentary covering very fair; the skin of the face was precisely the color of a mulatto; the nose was very broad and very flat, as if buried in the face; the forehead receded very abruptly for about an inch from the eyes; all the superior and posterior part of the head was wanting—integument and bones; the base of the cranium and the occipito atloidean articulation were plainly visible after raising the veil-like covering that closed the opening; no brain substance whatever was discerned, and the foramen magnum appeared entirely empty, like the cranium; I have the fœtus preserved.

"I would be much gratified if some physiologist in the profession would inform me through your columns how life was maintained up to within a few hours of birth, and development carried to such perfection, without any brain substance. Also what part, if any, the mental influence played in causing this arrest of development. These two ideas would form an interesting topic for an essay that would not only interest but profit many members of the profession. The hope of eliciting such an essay induced me to communicate this singular case to the profession.—*Med. and Surg. Rep.*

19. *Propagation of Puerperal Fever by Accoucheurs.*—M. GRISAR has recently brought this subject before the Brussels Academy of Medicine. The following is M. G.'s personal experience. In December,

1842, he delivered a woman with the forceps, who died of puerperal fever on the second day; and between then and the 19th of the following March, 16 out of 64 women delivered by him were attacked by puerperal fever, 11 of the number dying. As he found the disease did not prevail in the practices of other physicians, he came to the conclusion that he had been the means of communicating the contagious principle of the disease, and therefore took every possible precaution. Until the end of 1862, therefore, for twenty years, he did not meet with another case; but, at the end of that year, he had a fatal one; and between December 5th and January 26th following, of 9 women delivered by him 8 became the subjects of the disease, and of these 4 died. He had taken every precaution as respects ablutions, clothing, &c., but it was not, until after he had suspended practice for a month, that the disease ceased to appear among his patients. M. Guerin, commenting upon the above facts, observes that Chomel always called in Baudelocque to his wealthy patients, who, unattached to any maternity, he had found to be the only accoucheur of his day, in whose practice puerperal fever did not appear; and more than one practitioner, renowned for his knowledge and talent, has acquired among the public a terrible reputation for the calamities which attended his presence. M. Guerin adds that he himself, as well as various other practitioners, have, during the prevalence of epidemics of puerperal fever, experienced symptoms which could only be explained by the presence of a poisonous miasm, and which may, doubtless, be transported, notwithstanding ablution, change of clothing, &c. Such persons suffer from general uneasiness, fetid breath, eructations of a peculiar odor, and somewhat loose and strong-smelling stools. They should observe the greatest cleanliness, freely breathe the fresh air, and repeatedly purge themselves. When the fever occurs in their practice, they should make it a solemn duty to abstain for a while from attending other cases.—*Med. News and Library, from Med. Times and Gazette*, December 10, 1864.

SURGICAL.

20. *Destruction of Tumors by Electricity.*—Mr. Nelaton communicates a paper on the destruction of tumors by an electrolytic method, applicable to cases in which the tumor is deeply seated, and inaccessible to ordinary instruments. The case quoted by him was a nasopharyngian polypus, which was electro-chemically destroyed by inserting two platinum pins into its mass, and making them communicate with the poles of a Bunsen's pill, consisting of nine elements, sixteen centimeters in height by eight in diameter, and arranged for tension. The tumor was destroyed in six sittings, without any effusion of blood, and with very little pain.—*Cor. Med and Surg. Rep.*

21. *Apparent Death from Chloroform—Recovery*—John H. Packard, M.D., one of the surgeons to the Episcopal Hospital, Philadelphia, in a communication to the *American Journal of Medical Science*, states that Joseph Cheatham, aged 46, was admitted into the said

Hospital in order to have a cystic tumor removed from his back. It was about as large as an orange, and seated over the lower ribs. Another tumor of the same kind existed in the left side. He was totally blind. His complexion was sallow—his figure slight. There was no arcus senilis, and no sign of thoracic disease.

He was put under the use of chloroform, for the purpose of having the tumor removed. The chloroform was of Powers & Wightman's manufacture, and had been three weeks on hand. It was administered carefully by Dr. Cheston, one of the resident surgeons, by means of a rather thick sponge, with a towel folded into a cone placed over it. As the chloroform was poured freely upon the sponge, out of a very large bottle, no estimate can be made of the exact amount given. In the room were Drs. Cheston and Woods, the nurse, patient and himself. Anæsthesia was induced without any phenomena, and he had begun the operation, when Dr. Cheston informed him that the pulse was flagging. The man was lying on his left side, right arm across his chest; pulse sank and ceased; respiration continued a little longer, then ceased also; his surface became pale and livid; his eyes glazed and upward—whole aspect was that of a man just dead. Upon the appearance of these alarming symptoms, he abandoned the operation, (the cyst had first burst open) and began to make active efforts to keep up respiration by intermitting pressure on the chest walls and abdomen. Dr. Cheston poured brandy, with carbonate of ammonia, down the man's throat—drew his tongue out with a pair of forceps. No effect, and by his directions Dr. Woods procured an electro-magnetic battery, which was put in operation—one pole placed over the upper dorsal spinous processes, and the other over the apex of the heart. A short time elapsed, when Dr. Cheston announced the faint return of the pulse at the wrist—increasing. Soon a deep sigh was drawn, and respiration was again established. The paleness gave way to the ordinary complexion; the eyes lost their glassy upturn. The battery was kept in action until restoration was placed beyond doubt, then discontinued. Tincture of iodine painted over the inner surface of the serous cyst, and a simple dressing applied.

The case subsequently progressed well. The doctor's impression is that for at least eight minutes the patient was without pulse or breathing, and exhibited all the phenomena of recent death.

22. *Vaccine and Syphilis*.—Dr. Viennois, in the *Archives de Médecine*, for June, 1860, has adduced satisfactory evidence to show that vaccination, with pure vaccine matter, is sometimes the exciting cause of the appearance of a syphilitic eruption; in the same manner that it gives rise to non-specific eruptions in strumous subjects.

That syphilis cannot be transmitted to a healthy person by inoculation of vaccine matter, unless the lancet at the same time be charged with the blood of the syphilitic patient, in which case an infecting chancre is produced.

23. *Deformities of the Feet and the Treatment by means of Plaster*.—Dr. D. C. Enos, in an article read before the Medical Society of the County of Kings, New York, gives the following mode,

&c. : Take a straight piece of muslin, wide enough to embrace the head of the tibia, and long enough to extend from the head of the tibia around the heel, and as far as the great toe ; then *tear* five or six other pieces of the same size ; next stir some plaster of Paris in warm water, till about the consistency of cream ; place upon a board, or table, one of the pieces of muslin, and put on it a teaspoonful or two of the plaster, and, with a long knife, spread it evenly over the cloth, so that it shall *be wet and thinly covered* ; place upon this another piece of muslin smoothly, and with more of the plaster spread in like manner, and so continue to spread layer after layer until the last, which should *not* be spread ; or if so, should be covered with a thin layer of cotton, to come next to the limb. Place the bandage behind the leg, and first bend it around the head of the tibia, and let an assistant hold this firmly, while you next apply it to the sole of the foot as far as the great toe ; if it should be too long, turn it back on itself so as to leave the toes exposed ; next bend it around so as to neatly embrace the foot to the instep. There is now a redundancy of cloth at the angle of the foot, which may be disposed of by folding it on itself so as to smoothly apply the remainder to the ankle and leg ; over this a roller should be applied from the toes to the knee, and back again, so that the dry cloth may absorb the moisture from the plaster, and thus facilitate its setting. As soon as the roller is applied, grasp the foot and ankle firmly and forcibly, press the foot towards its normal position, holding it steadily ten or fifteen minutes, till setting has made it firm. Sometimes he embraces the foot and ankle ; first, by taking a piece of muslin, from one or two yards long, and from six to eight inches wide, spread it thinly with the plaster, double it longitudinally and spread it again, and double it once more, and apply it to the foot and ankle, somewhat like an ordinary roller, holding the foot as before till the plaster sets. This answers for deformities of the foot, simply, where its position with the tibia is normal ; but if it is abnormal, as it usually is, the retentive apparatus must extend to the knee, after embracing the foot, as already fixed. Sometimes this can be advantageously done by putting a number of folds of the plastered muslin along on the top of the foot and anterior part of the leg, strengthening it in the instep by an extra quantity of plastered cloth, binding this on with a roller, and holding the foot firmly up till the plaster sets. Occasionally, to strengthen the first described application, he applied over it this plaster and four folded roller around the foot and ankle, thus making a figure of eight bandage. After the apparatus has been on for three or four days, it can be removed, and a new one applied, when, from the absorption that has taken place, an increased amount of pressure can be borne, and the foot made to approach still more towards its normal position.—*Buffalo Med. and Surg. Journal*.

24. *Pernganganate of Potash in Gonorrhæa*.—Dr. J. C. Rich states (*Canada Lincet*, July, 1864) that he has frequently employed the permanganate of potash as an injection for gonorrhæa, in some case having effected a cure in forty-eight hours. His mode of treatment is

as follows : *R.* Potassæ bitart, \mathfrak{D} i.; podophyllin, gr. j. *M.* In chart No. iv, divid. *S.* One every two hours, until free catharsis is produced. After which : *R.* Potassæ permangan, gr. vj.; aqua fontan, \mathfrak{Z} j. *M.* *S.* To be used as an injection three times a day. I direct, at the same time, the free employment of mucilaginous drinks, as althæa, ulmus, acacia, &c., and put the patient upon a non-stimulating regimen. I have found it advisable to continue the demulcents for at least a week after the cessation of the discharge. When accompanied by chordee, I usually employ the following : *R.* Lupulin, \mathfrak{D} iss; pulv. comphoræ, \mathfrak{D} j.; micæ panis, q. s. *M.* Ft. mass, in pilulas, xvi, dividenda. *S.* Two, three, or four on going to bed.—*Amer. Jour of Med. Science.*

25. *Renal Calculi.*—Dr. Owen Rees, in the last number of Guy's Hospital Reports, gives some clininal remarks on calculus diseases. Dr. Rees comments on the common belief that the presence of a calculus in the kidney is always attended with obvious hæmaturæ; and he cites cases to show that in cases where all the other symptoms of renal calculus are present, there may yet be no blood in the urine. He believes that, in consequence of an undue importance being attached to the absence of this sign, cases of renal calculus have sometimes been treated as if the symptoms were those of gouty or hepatic derangement. Again, Dr. Rees observes that frequent micturition, though often observed in cases of renal calculus, is not always to be expected. One gentleman of my acquaintance, he says, almost suddenly was seized in the street by violent pain in the side and retraction of the testicles; and on hurrying home passed bloody urine and a calculus, which latter must have been in the kidney many months without producing any other symptom than an uneasy sensation about the loins.

The pain in cases of renal calculus has been said to be more severe on one side than on the other, even when it exists on both sides. But Dr. Rees says that he has frequently met with cases where the passage of renal calculi has been preceded by all the ordinary symptoms, except pain in the lumbar regions, the discomfort being altogether referred to the sacrum. He also points out a peculiarity which attends the presence of a calculus in the right kidney. The pain, he says, in these cases is referred to the right hypochondrium. It extend downward toward the umbilicus, but not to the lumbar region. There is a feeling of great distension over the colon, and the bowels are constipated. These are the symptoms so often regarded as significant of biliary calculus, an error easily committed if blood be not perceived in the urine.—*Br. Med. Journal.*

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Original Communications.

ARTICLE I.

A Case of Senile Gangrene.

Reported by THOMAS S. BAYE, M.D., Spiceland, Henry Co., Indiana.

I WAS called, on the evening of Nov. 13th, some four miles into the country, to see the patient, a young man, aged 22, of nervous temperament, strumous diathesis, answering to the dark form of the scrofulous temperament, with extreme perversion of the nutritive action of the body. I learned that for some months past, and especially during the autumn, he had been much annoyed with chills and jaundice. On the evening previous, he was rather signally struck with a partial hemiplegia, depriving the right arm and leg of motion, and causing numbness throughout the right side. This attack, however, had entirely passed off before I arrived. As an epidemic of a catarrhal nature prevailed at the time, an easy diagnosis seemed to indicate an attack of pleuritis, from the symptoms, which were chilliness at the onset, short, dry cough, frothy expectoration, a sharp circumscribed pain in the right mammary region, costal spaces full and tender, pulse quick and secretions scanty. I placed a large blister plaster over the seat of pain and directed the following prescription: Sub. Mur. hyd grs. jj. ; Potassa Nitras grs. x ; Opii Pulv. grs. j, to be given every four hours until five or six should be taken, together with Spirits Nitre Dub. ssq. aqua camphora j oz. an

tincture digitalis x gtts. at mid intervals, followed by an infusion of Salts and Senna, until the alimentary canal should be effectually unloaded.

Early on the following morning was again called. Found my patient much prostrated with an active hæmorrhage. I reckoned about one and a half pints had been lost. It was still flowing rapidly, which fact coupled with previous constitutional weakness made his condition most distressing. He was blanched and debilitated and fearfully depressed, with the idea of immediate dissolution. The first duty that seemed imperative was, if possible, to soothe his alarm. The cathartic infusion previously suggested, was omitted for the present, and the patient at once put upon Plumbi Acetas grs. ij.; Opii Pulv. grs. j., to be given every two hours with quinine ij. grs. Acidi Sulphurici xx gtts. in the intervals, which were to be lengthened only as the hæmorrhage subsided.

Renewed my visit again in the evening. Found the bleeding greatly diminished, but his weakness so alarming that fatal syncope seemed inevitable. Pulse barely perceptible in the radial arteries, tongue scarlet, dry and contracted, copious aphthous exudations about the fauces, the body cool, with a cold clammy sweating from the general surface. The patient was briskly sponged, a jug of hot water placed to his feet, and vapor appliances around the body, to invite an equilibrium. Continued Quinia Sulphas grs. iij.; Plumbi Acetas iij.; Opii Pulv. grs. j., to be given at intervals of three hours, alternating with camphor mixture ʒjj Acidi Sulph. gtts. xx and as much whisky punch as was necessary to support him.

Announcing my fears of his recovery, it was arranged for Dr. Reed, of Newcastle, to meet me in consultation on the morning of the 15th. We found the patient much in the same condition, except the hæmorrhage had subsided, though the sputa was still slightly colored. The blister plaster having done well, the pain that hitherto had been confined to the right mammary region was now alternating between that point and the interscapular region. Our views coincided both as to the nature of the disease and its remedies. My previous course was continued with the addition of Oleum Ricini, ʒj ;

Oleum Terebinth., 3ss, to be taken in the evening to evacuate the bowels.

Found the patient on the 16th free from the pain of the right side, bowels well evacuated, more force in the circulatory system, pulse sufficiently distinct to count and numbering a hundred and forty-six per minute, breathing short and spasmodic, the inspirations amounting to thirty-five per minute, and the expression wild and cadaverous. This morning we detected a peculiar discrepancy in the circulation of the right and the left radial arteries, that of the left being somewhat firm and steady, but quick, while that of the right was very small, sharp and vibrating, but synchronous.

Another interesting feature of the case was also developed. Simultaneous with the pain above described, another and very distressing one was developed at a point corresponding with the crest of the ilium. From this point, it seemed to diverge until diffused throughout the right iliac and hypochondriac regions. This new intrusion, we observed, was a kind of rheumatic metastasis from the shoulder, otherwise, from the passive nature of the annoyance, it would soon cease. However, that part of the body was carefully examined. The uneasiness was not provoked by pressure, the bowels had no appearance of being impacted, and there was nothing to induce a suspicion of aneurism; we apprehended no difficulty here. For the continued anæmic and æsthenic condition of patient prescribed: Carb. Ferri, grs. x.; Quinine Sul. grs. ij.; Opii Pulv. j. to be given at intervals of four hours, with whisky punch *pro re nata*, also Sol. Chlorate Potassa and Tinct. Ferri Sesquichloridi, as a gargle, to soften down the thrushy exudations of the throat, which by this time had become quite formidable.

17th.—Dr. Reed, in my absence, found patient somewhat improved, circulation more full, breathing more normal, with some disposition to take nourishment. Although comparatively easy he complained of some aching in the right leg. A pale lividness was observed about the toes and foot. The same treatment was continued.

18th.—The conditions of patient were in more amiable mood. Pulse more firm and steady, but the discrepancy in

the force and volume, noted above, still remained. Secretions partially active, and appetite sufficient. But increased discoloration of the foot, and loss of temperature, and a dry corrugated appearance of the surface, suggested a strong tendency to Senile Gangrene. Quinine and opium continued, with wine and nutritious diet.

19th.—Patient quite comfortable, but the leg still causing him some uneasiness. The toes were now quite hard and black, the foot gradually becoming charred, with a considerable portion of the outer lateral surface of the leg, from the malleolus to the thick prominence of the gastronemious muscle. No pulsation in the femoral artery, no popliteal space, could be detected. From the rapid ascension of the disease, destruction of the limb seemed imminent. To improve the temperature and invite the circulation, the limb, for want of better appliances, was enveloped in scalded bran, and continued same treatment.

20th.—Found patient much more comfortable. Felt like being up if it were not for the leg, which by this time had a very threatening appearance. Amputation seemed to present the only means of saving his life. But meeting with the disapproval of all authority we remembered to have consulted, we thought best to continue the most judicious constitutional treatment, laboring for a restoration of the secretory functions until a line of demarcation should indicate where the knife should be used.

21st.—Patient very much the same. Solicited the attendance of Drs. Whitesel, of Knightstown, and Mendenhall, of New Castle, who met us on the 22nd. The Gangrene was steadily ascending the limb in a zigzag line, involving contiguous structure, retarded in its progress only by the more obstinate vitality resulting from the stronger and more diffused collateral circulation. Great muscular atony and an anæmic and obstructed circulation still continued.

As delay could hardly jeopardize the case more than the operation, it was farther postponed. The same treatment was continued. Permit me to observe also, that a variety of poultices were suggested with a view to restoring vitality to the

lifeless member. A ley poultice of moderate strength was applied for the purpose, as the prompter remarked of arresting the inflammation. The futility of these suggestions and the appliances will be seen when we note the extremely scanty circulation and the complete death of the part in consequence. Neither do we know of any remedy that will impart life to a dead structure, nor, in a similar case, invite anything to it that could possibly produce inflammation.

23rd.—Patient more restless. Tonics and stimulants had been faithfully administered. An almost intolerable fetor was by this time emanating from the sphacellated surfaces, notwithstanding the diligent application of the poultice. The suppressed breathing short and laborious, dense aphthous exudations of the throat with an ominous pallor of the lips and gums. life seemed to be ebbing into a general marasmus. The vitality of the limb was past redemption, further medication for remedial purposes was futile.

25th.—Were again met by Drs. Whitesel and Mendenhall. The consultation resulted in further postponement. Treatment continued. Poultice removed and the limb enveloped in warm cotton, that the decomposing and vitalizing forces might be brought more squarely into opposition, thus possibly presenting a solution of the difficulty.

26th.—Patient somewhat rallied. Amputation was strongly urged by him and had been for some time. Constitutional treatment, consisting of quinine, steel, wine, opium, alkaline tonic infusion and nutritious diet was, and had been persistently adhered to.

27th.—A number of medical gentlemen met us in consultation. A brief synopsis in this connection of the various hypotheses advanced as to the pathology and diagnosis, may not be wholly impertinent. A condensed history of the case was given and examination made of its present status.

All the authority brought to bear disapproved of amputation in Senile Gangrene, except when the disease was local and the constitution good. This latter condition was evidently wanting. But the majority of the physicians present regarded the disease as of local origin, probably arising from the plug-

ging of the femoral artery, during the hæmorrhage. Again, it was possible, in this view of the case, that the total obstruction of the artery had taken place long prior to his illness, the collateral circulation sustaining the integrity of the limb and effectually concealing the difficulty, until debility and hæmorrhage had fatally impaired its virtue and volume.

It was assumed by one gentlemen not to be a case of Senile Gangrene, as that implied a form of the disease peculiar to the aged. Erichson remarks, that it is met with in persons past the middle period of life, increasing as age advances, from which we do not infer that length of life alone, can superannuate the human structure, but rather that a modification of a popular theory is admitted, and that Senile Gangrene may have victims of younger years.

I know of no reason why a defective constitution or the modifying processes of disease, may not so remodel and reduce the system in early manhood as to develop the same conditions as are requisite to the production of this rare phenomenon in the aged.

I had regarded the case from the beginning as of constitutional origin. I believed that the starvation and death of the limb resulted primarily, and in process of time, from a gradual narrowing and final occlusion of some central portion of the arterial system, by calcification, atheroma, aneurism, or other structural lesion.

In view of an operation, which I could but regard as a weak experiment, I argue 1 that the collateral circulation, in such a state of depression was insufficient for the reparative process; that there was great muscular atony; that we could not hope for a healthy granulation; that the stump could not heal for want of vital cohesion, and finally that a destructive sloughing of the stump would be the natural sequence of additional torture. However, in deference to the earnest wishes of the patient and his friends and in justice to the case, where nothing else had been left undone, an operation was decided upon. After the patient had been brought effectually under the influence of chloroform, the lifeless appendage was removed at a point nearly separating the upper and middle thirds of the

thigh. Anterior and posterior flaps were made ; the former of healthy appearance, while the latter was wanting on resilience, and of a dark livid hue. Notwithstanding this, the main artery where ligated, looked quite normal, and we dressed the stump with a good degree of hope. After a short respite, patient remarked that he felt better than in the morning previous to the operation.

On examination of the severed limb, the main artery appeared healthy, with, perhaps, a want of resilience and a very slight yellow cast, which grew darker as it approached the knee, at which point its identity was lost in the wreck of vessel and tissue. The patient was put upon infusion of Cascarilla, associated with Tinct. Ferri Mur., a liberal use of ale and generous diet.

28th.—Patient rested well during the night, conditions rather promising. Whisky was applied freely to the stump. Same treatment continued.

29th.—Suppuration profuse, watery, shreddy and very offensive, clipped a couple of central stitches, cleansed the wound through the opening and treated the surfaces with strong solution of Argenti Nitras, and the lips with lotions of nitric acid.

30th.—Suppuration still more profuse and fetor offensive, took out all the stitches and cleansed the surfaces with Castile soap. The posterior flap presented a uniform sphacellated surface and rapid wasting of tissue, leaving about three and a half inches of the bone entirely denuded, most of the lifeless portions were clipped away and the surface cauterized with saturated solution of nitrate of silver. Light dressings were put on and moistened with a decoction of oak and alum.

Dec. 1st.—Signs more hopeful, some friendly granulation here and there projecting through the dark surface. Pus diminished in quantity and improved in quality. A dark, shreddy, gelatinous margin about an inch in width, with a charred border encircling the outer edge of the posterior flap, still remained without improvement. Caustic was resolutely applied, after a thorough ablution. Continued quinine, opium, tonic alkaline bitters and the various chalybeate preparations wine and nutritious diet.

Dec. 2nd.—Not so healthy, surface more livid. From the gains and reverses the chances for recovery seemed about equally balanced, the decayed tissues were cut away and caustic freely applied.

3rd.—Stump perceptibly improved, granulations thicker and healthier and pus of more consistence. Cleansed as before and dressed with Tinct. Iodine.

4th.—Granulations still farther improved, the charred edge readily separated, collateral circulation stronger, the temperature of the stump equal to that of any other portion of the body, the appetite fair. The provoking apathy that for two weeks past had held the patient in *statu quo*, was manifestly giving way, and the constitution undergoing radical repair.

5th.—Exuberant granulations, yielding pus closely approximating health. Cleansed with chlorine water and penciled lightly with Tincture Iodine, flaps brought together, and some muscular extension kept up.

6th and 7th.—General improvement accelerating. Aphthous exudations of the throat nearly gone. Tongue clean and resuming its natural roseate hue, healthy expression, secretions fair, and the appetite strong. A free use of coffee was allowed, with a liberal alimential accompaniment.

8th.—To all appearance recovering rapidly.

9th.—Steadily improving, treatment continued with but slight modification.

10th.—Decidedly convalescent, vigorous granulation. The posterior flap, of which but little had been left, except the tegumentary structure, is rapidly being loaded with new material. The denuded femoral bone is covered nearly to the extremity by a sturdy deposition, cleansed with solution soda chloridi, and dressed with whisky and water.

11th.—Appetite good, assimilative functions active, healing finely, we claim some constitutional margin.

12th.—Strong appetite all the vital organs in healthy activity with a rising scale of general improvement.

13th.—As the best evidence of improvement, the patient complains of much soreness, granulations very exuberant,

temperature good, treatment reduced from a somewhat coercive to a merely sustaining plan of medication.

14th.—Rests well, appetite good.

21st.—Improvement steady since last date. On the 18th, drugs were discontinued, and nothing allowed but nutritious diet and good wine.

24th.—Improvement not so marked, probably arrested by over-eating.

27th.—Dressed the stump which has regained its lost tissues, the bone surrounded to the extremity, at which point a dark mottled appearance is somewhat indicative of necrosis. Patient walked twice across the room on crutches and sat in his chair.

30th.—Apparently doing well, has been upon crutches a few times since last visit, not however, without some coercion, by reason of peevishness and fear; labored, with some effect, to displace this morbid mental depression with a cheerful confidence.

Jan. 2nd.—Bowels act well, appetite strong, no more threatening of the bone, gaining steadily, up frequently.

5th.—Permanently convalescent, the reconstruction of the tissues about complete, flaps uniting rapidly from the angles. From the pale, apathetic appearance of the patient, we might presume that all the recuperative forces of the system had been temporarily concentrated on the rebuilding of the stump.

12th.—Touched a few weak points with nitrate of silver, with which, I trust, the future treatment of the case may be safely left to nature.

In passing this protracted case under review, we observe,

First, That temporary hemiplegia was an incipient symptom. I do not undertake to account for this singular phenomenon, but, in view of its short duration, would suggest that it must have been provoked by some occult disturbance out in the nervous domain, conveyed in its effects through the nervous centre to all its sympathetic ramifications. I am more fully convinced of this from the fact, that on the occasion of my first visit, the spinal cord was carefully examined, and there was neither pain nor tenderness, and the brain was apparently

intact. It occurs to me that a more careful pathological research would often place the origin of our nervous complaints out in the circumference of the nervous system, instead of in the brain or spinal cord. The case of worms in children will serve to illustrate my meaning, where it would be folly to shave the head or pustulate the spine to rid the alimentary canal of the cause.

Second, That the patient is of a strumous constitution which was evidently in a state of decline. Yet in the face of this, and contrary to all authority, the amputation was afterwards made.

Third, That the hemiplegia was soon followed by an exhausting hæmorrhage, to which the minds of a majority of the consulting physicians readily gravitated, as the remotest cause of the obstructed circulation of which gangrene was the legitimate result.

Fourth, That constitutional treatment was persistently adhered to throughout.

Fifth, That notwithstanding the youth of the patient, the disease, both in its inception and progress, corresponded, in every particular, to the Senile Gangrene.

Sixth, That all the morbid conditions of this case, as set forth in detail, clearly point to its constitutional origin. If this is the right view of the case, then the amputation was made contrary to authority, if, however, an opposite diagnosis should trace the disease to a local cause solely, then the amputation was right by authority, and the patient's recovery attributable to it.

But the truth of this conclusion, from the premises we have, is so extremely doubtful, that should another case occur in my practice, I should not hesitate to amputate, be it either local or constitutional. Where the nature of the cause is doubtful, a line of demarcation may, with safety, and should be, waited for. But where all the symptoms are plainly indicative of its constitutional character, I should urge an amputation without delay, above the knee; not by reason of success in this particular instance, but because less dangerous and certainly more philosophical and humane. In the early

stages the patient possesses more nervous power, and the healing forces would be more active. As no line of demarcation could be reasonably expected, the sooner an eligible point for the knife is chosen the better. This point I would locate above the knee because of the stronger and more diffused collateral circulation, which, below the knee, is comparatively feeble, and would offer less encouragement to the healing process.

Any destructive element would be more hostile in the extremity, but, rising in the scale of circulation and vitality, would offer *more* liberal terms of compromise whereby nature assisted by proper medication, might surely heal the part and save the patient.

Seventh, That the local agents used in the restorative process were Tinct. Iodine, Argent. Nitras, Bromine, Aqua Chloridi, Sol. Creosote, Soda Chloridi and Acidi Nitrici. Owing to the nature and duration of the case, we had ample opportunity for testing the therapeutic activity and power of these agents, among which Nitrate of Silver was most conspicuous. Not only was it the chemical knife that removed the perished masses but surpassed all other washes in its stimulating effects. After the surfaces had resumed a degree of health, its application was so marked by salutatory exuberance, that we considered the employment of other means a needless waste of time.

ARTICLE II.

The Value of the Laryngoscope.

BY G. BRUHL, M.D., CINCINNATI, O.

AMONG the valuable additions of modern times to our means of exact diagnosis and treatment, the laryngoscope holds a very prominent place, and with certainty may we predict, that ere long no practitioner will be considered a good diagnostician who does not understand its use as well as that of the stethoscope or uterine speculum. Surely it is not necessary that every physician should acquire the dexterity of a specialist, not necessary that every one should be able to cauterize

ulcers of the ary-epiglottidean folds, remove foreign bodies from the hyoid fossa, or extirpate morbid growths from the vocal cords; but *it is necessary* that every one shall become sufficiently master of its use as to be able to detect at least these pathological conditions and avoid the blunder of the distinguished London professor, who sent his patient, a young lady who had been aphonic for several years, to the country, to breathe the fresh air of her native place, and have the mortification afterwards of learning that some specialist had cured her by the removal of a polypus from the vocal cords.

True, the application of the laryngeal mirror is somewhat difficult for the beginner; but is the art of auscultation and percussion easier to be learned? Months sometimes will pass away before the student understands the meaning of the physical signs. In laryngoscopy, a little skill and energy will overcome in less time the presenting obstacles, and the labor bestowed for this purpose rewards richly. Wonderful are the results, and he who has once seen through the rima glottidis of a sufferer, fed on cod liver oil and hypophosphites *ad nauseum*, and who had detected there, not tubercular deposits as supposed, but a morbid growth as the real *materia peccans*, best knows to appreciate the great value of this diagnostic apparatus.

Bringing a hitherto hidden cavity under our direct observation, the laryngoscope has not only corrected our physiological views of the functions of the different parts of the larynx and pharynx in the act of phonation and deglutition, but it has, what is of greater importance to the practitioner, taught us to interpretate accurately the symptoms of the laryngeal diseases, and has enriched and enlarged our knowledge of their pathology and treatment by giving us new and direct indications, and guiding our operative manipulations.

We do not need to fill up our symptomatology with mere guess work, or form our ideas by philosophical—often erroneous—deductions and speculations. Those morbid changes, of which we can find no trace on the dissection-table, or if any only in the last stages, we can now observe from the beginning to the end. We see now exactly every part which is affected,

see the size, the seat, the shape, the extension of the morbid processes and growths; can even explain the causes, why certain parts by their anatomical and physiological condition are more liable to certain diseases than others; we know what parts of the larynx are pre-selected by certain diseases for their morbid deposits and destructions and why they are; nay, even we can distinguish the different forms of the morbid changes of the epiglottis as well as those of the glottis muscles.

And this is of peculiar importance in the treatment of aphonia; for experience has shown, that in such cases, where aphonia is merely dependent upon paralysis of the glottis muscles, the electric current effects an infallible cure. Why, we do not understand at present, time may clear the secret, but the assertions of renowned laryngoscopists are too numerous and too positive to allow a doubt in the truth of their statement.

The superior usefulness of the laryngoscope, however, is best shown in its being the only reliable means of detecting the morbid growths in the larynx. All the signs and symptoms heretofore attributed to them are uncertain; either they can be wanting according to the size or seat of the tumors, or they can be simulated by other diseases. Therefore the grossest diagnostic errors have been committed, the most irrational modes of treatment instituted, therefore so many lives unnecessarily been lost. Wherever the doctor came across a patient with hoarseness, aphonia and some troublesome cough, he was sure to feed him on cod-liver oil or send him to some watering place, there to be cured from his supposed laryngeal phthisis or catarrh. But hardly any one thought of morbid growth within the larynx.

To prelaryngoscopical times, therefore, not more than eighty cases of this kind have been reported, and most of them were only detected upon *post mortem* examination. In five cases only were successful operations performed. No wonder: the diagnosis being uncertain, nobody could tell which cases would be favorable for surgical aid.

But since the few years of the discovery of the laryngoscope,

the history of these growths has undergone a total change. More than a hundred new cases have been reported and successfully operated upon. A precise aid for the diagnostician's eye and a sure guide for the operator's hand, the laryngoscope has made success certain, where it has been heretofore but accidental. Cauterization of ulcers, opening of abscesses, removal of excrescences, scarification of hypertrophied parts, can now be practiced with the same preciseness, though with more tediousness, within the larynx than on the outside surface.

Even in such cases, in which by laryngoscopic examinations only a negative result is obtained, we are at least taught that we have misinterpreted the symptoms, and that we have to seek for the real seat of the disease elsewhere than in the larynx.

Semeleder gives several very interesting cases of this kind, of which I will relate but one. He was called to examine the throat of a lady, apparently dying from suffocation. The most careful examination had revealed nothing positive; the attending physician, suspecting some trouble in the larynx, had concluded to perform tracheotomy, to relieve her from her sufferings. The laryngoscope did not detect any abnormal condition, but as there existed a difference between the radial pulses, the doctor declared an aortic aneurism as the real cause of the dyspnœa, and the operation useless and uncalled for. The attack passed away, and the symptoms becoming subsequently more distinct, the correctness of his diagnosis was corroborated. The lady soon died, but she died without an unnecessary operation. The laryngoscope saved her at least the addition of a new suffering to her old one.

Czermak relates a similar case in his *Der Kehlkopf Spiegel*, page 107. A lady was about to be operated upon for a supposed stenosis of the larynx. The instruments lay spread on the table, when the surgeon, a distinguished one, cautious enough, sent for the Laryngocopist, to ascertain the correctness of the diagnosis. Well, the larynx was found in a healthy condition, of normal size, without any obstruction. These cases are of peculiar interest, as they demonstrate clearly that

laryngoscopic examinations can give positive contra-indications against *tracheotomy* — perhaps better against useless operations, to which the surgeon, deceived by the symptoms, otherwise might be misled.

Now, if in the face of these facts any one doubts the value of the laryngoscope or ridicules its practicability, he is not its, he is his own enemy. Not every one can be a genius, not every one advance new ideas or invent new instruments, but every scientific physician should be prudent enough to profit, from practical discoveries.

ARTICLE III.

The Trichina Spiralis.*

BY DR. D. W. FLORA, CHICAGO, ILL.

MAN in all ages has dreaded the “worm” which destroys the body after death, but the “worms” which prey upon the body while living, should give him most concern. These parasites not only find their way into his body soon after birth, but are found in the foetus in utero!

Many species crawl upon the epidermis, hide in its hairy covering or pierce through it and burrow and propagate in the cutis vera or the cellular tissue. These, on account of their habitat are called *Epizoa*. A still larger number inhabit the interior of the body. Not one of the internal viscera is exempt. No less than five species of vermes inhabit the alimentary canal.

The heart, brain, liver, lungs, spleen, kidneys, bladder, and even the eye has each its peculiar species of parasite. These form the other grand division called *Entozoa*.

Belonging to the latter division is found still another species of parasite which has proven a more deadly foe to man than

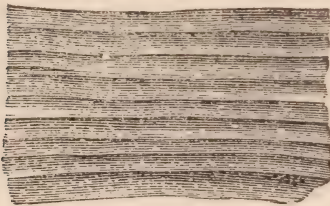
* This article first appeared in the *Chicago Sunday Times* of Feb. 18, 1866; and we take pleasure in acknowledging our obligations to the publishers of that enterprising paper for the excellent engravings which illustrate the article, as well as their permission to Dr. Flora to modify the original text to suit the pages of a medical journal.—
EDS. L. & O.

any or perhaps all the others. This is the terrible *Trichina Spiralis*, and its history and the ravages which it has caused in the animal body forms the subject of this article.

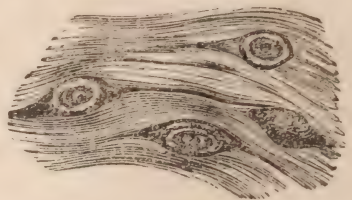
Authors on Natural History place it in the class, *Nematodes*. It is a microscopic parasite, and presents a striking contrast with the Guinea worm and Tape worm which exceed a score of feet in length.

It was first discovered in the year 1832, but was not scientifically described until 1835, when Prof. Richard Owen, the eminent zoologist, gave to the world its natural history. It was named the trichina spiralis from its resemblance to a fine hair coiled upon itself, like a watch spring. During that year six persons were admitted to the London hospitals, who were the subjects of trichina poisoning. Since that time the leading medical men have been on the lookout for this parasite, and several cases have been observed and fully described. This parasite is only visible to the naked eye when inclosed in its chalky capsule. These appear as small white points, when a section of muscle is examined. This appearance is shown in the engravings below :

Muscular Tissue, with Trichinae Encapsuled, as seen by the Naked Eye.



Muscular Tissue, with encapsuled Trichinae, magnified fifty diameters.



Since the investigations of Owen, many eminent German physicians and men of science have given attention to the subject, among whom we find Virchow, Herbst, Kuchenmeister, Zenker, Bischoff, and, more recently, Prof. Leukhardt, of the University of Giesen, who undertook a series of scientific experiments with this parasite, and to his extended and systematic observations we are indebted for the very accurate knowledge we possess of this animal. By introducing it into the stomach of the dog, cat, rabbit, fowl, dove and crow, he was enabled to observe all the phenomena of the trichina

disease. Out of nine dogs thus treated, *seven* died, and the muscles were afterward found *alive*, with free trichina. Of the other animals subjected to similar experiments, more than one-half died. The impression pretty generally prevails that the *fowl* is not subject to this disease, the trituration or grinding in the gizzard being sufficient to destroy the animal. The reverse of this is most probably true, as the grinding process only aids the solvent power of the gastric fluid in dissolving the calcareous shell.

Full Grown Male and Female Trichina,
Magnified Two Hundred Diameters.



1 Full-grown male trichina.

2. Full-grown female—in the act of extruding the young alive.

The trichina is most usually introduced into the stomach of man in its capsule, though it is possible for it to find its way there in the free state. This calcareous shell is dissolved by the acid juices of the stomach, and the parasites thus set free rapidly acquire their growth and sexual power, and copulation and reproduction are perfected within one week after their introduction into the alimentary canal. The female brings forth from 60 to 100 live trichinæ.

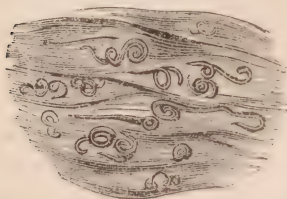
The young swarm immediately commence their work of destruction by piercing the coats of the stomach and intestines. It is not definitely known how long the parent trichinæ live after producing the new swarm

but it is certain that they never leave the stomach and alimentary canal, and probably die within a fortnight. The instinct of the young trichinæ impels them to seek the fibre of the *voluntary* muscles, which is known to the anatomist as the striated muscular fibre.

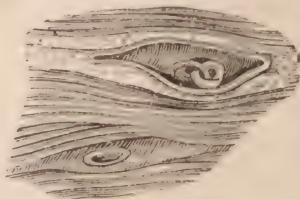
The *brain*, *lungs* and *liver* they avoid, and but a single trichina has been found in the substance of the *heart*. The wonderful instinct of this parasite is equal to that shown by the larva of the ichneumon fly, which is hatched in the body of the caterpillar and other grubs, and there devours the cel-

lular and muscular tissue, but carefully avoids the nervous and circulatory systems which are essential to life. In this way the fable of Prometheus is realized, the poor "worm" eating and growing, only to be continually consumed. Below will be seen the young in the act of devouring the muscular tissue :

Trichina in a free state, magnified fifty diameters.



Trichinæ elaborating their capsules, magnified fifty diameters.



In order to reach the muscles, the coats of the stomach and intestines must first be pierced, and this boring operation gives rise to a train of symptoms which closely resemble acute diarrhœa and dysentery, as bloody stools frequently occur. Ulceration and perforation of the bowels are frequent results of this inflammation. When the serous membrane lining the abdominal walls is attacked, the symptoms of peritonitis are added. This inflammation of the serous membrane, if it does not prove fatal, leaves the intestines firmly glued together. If the agonized patient should live through these primary acute forms of disease, a new train of symptoms, closely resembling typhus or septic fever, will be ushered in. To diarrhœa, dysentery and peritonitis, will be added intense pain in the muscles, great nervous irritability from prostration, spasm of the muscles, and finally paralysis and death. The muscles of the abdomen, of course, are first attacked, but the trichinæ very soon find their way to those of the chest and anterior portion of the neck, and by degrees reach the muscles of the back and extremities.

The track of the trichina may be seen as indicated in the last engraving by the white line or hand, which was once a striped muscular fibre, but which is now only "detritus," or digested muscular tissue, in which the full-grown larva may be seen elaborating its shell, preparatory to entering the pupa or quiescent state. In this stony prison-house the self-immured

trichina remains, without doubt, so long as the animal into whose body it has found its way continues to live, which may be decades of years. In this state they are sexless, and the further propagation of the species seems to depend solely upon the accidental circumstance of this parasite finding its way into the stomach of some living animal, where it may develop its sexual characteristics, and multiply its species.

In the transformations of this parasitic animal may be seen many analogies to insect life. The period of wandering and feeding is the "larva" stage. The encapsuled trichina is the "pupa" or "chrysalis," in which state it remains until released in the manner already described. The muscles upon which this animal has fed become useless in proportion to the number of ultimate fibres which are destroyed. When it is remembered that a single ounce of flesh may contain trichina enough to produce in eight days 3,000,000 young, it is not surprising that the entire substance of the abdominal muscles should be sometimes found consumed.

The symptoms progress, and the terrible fatality of this disease is well exemplified in the history of the Hettstadt tragedy, which is taken from a British medical journal:

"This village is situated near the Hartz mountains, in Germany. An annual festival was celebrated there some two years since, and one hundred and three persons sat down to a dinner, the third course consisting of *roste-wurst* and *gemuse*, (sausage and vegetables.) The sausage had been prepared beforehand for this special occasion. The steward who had been commissioned to furnish the pig for this purpose, gave the butcher a lean, ill-conditioned one, instead of the thrifty one which had been bargained for. The day after the festival, several persons who had participated in the dinner were attacked with pain and irritation of the intestines, with loss of appetite, fever and great prostration. The number increased from day to day, and an epidemic of typhus or septic fever was apprehended, as the symptoms began to assume that character. However, as the disease progressed, the symptoms assumed a different type, and to diarrhoea, dysentery and fever, were added peritonitis, circumscribed pneumonia and paralysis

of the abdominal and intercostal muscles with those of the neck. Then the typhus theory was abandoned, and some unknown poison was assumed to be at the bottom of it. Under this conviction, every article of food and material used in connection with the dinner was rigidly examined. By this time the trichinæ had reached the muscles of the calf of the leg in some of the victims, and Zenker's description of the disease was called to mind. The remnants of the sausage were examined, and found to be literally 'swarming' with trichinæ. Portions of muscle from the calf of the leg of the affected ones were examined under the microscope, and were found full of *free* trichina. These were the progeny of the *encapsuled* ones which had escaped the smoking and trying process to which the sausage had been subjected.

"No less than eighty-three of the above-mentioned number died within a few weeks, and the surviving twenty at last accounts were still lingering in agony, and apprehensive of a similar fate.

"This awful catastrophe at Hettstadt awakened sympathy and fear throughout all Germany, and many eminent medical men were consulted in the interest of the sufferers, but none could bring relief or cure. With an obstinacy unsurpassed by any other disease, trichiniasis surely carried its victims to the grave.

"Many *vermifuges* were employed with the hope of removing the parasites still in the alimentary canal. Picric acid was employed, until its effects seemed as dangerous as the disease itself. An examination of the bodies after death showed the trichinæ to have been unaffected by any of the remedies employed. The terrible conviction now fastened itself upon the minds of all who witnessed these scenes that a person afflicted with this parasite was doomed to die the slow death of exhaustion from nervous irritation, fever and paralysis of all the voluntary muscles."

Dr. W. Mueller, of Homberg, was summoned to the place (Hettstadt,) to attend a relative who had been poisoned by this trichinous sausage. "On my arrival," he says, (Nov. 10th,) "I found the patient—who, previous to the attack, was a

strong and healthy man, twenty-three years of age—perfectly conscious, with a slight œdematous swelling of the face.

On examination of the chest, a dull sound over about one inch and a half of the lowest part of the lower lobe of left lung was produced by percussion; crepitating rattles were audible, but there was no bronchial breathing, thus showing the beginning of resolution of the pneumonia; at the lowest part emitting the dull sound there was a slight pleuritic rubbing. The pulse was 140; respirations 48; and the temperature of the body 39° centigrade. The symptoms of the disease commenced on the 16th of October with loss of appetite and diarrhœa, followed by a sensation of painful weakness in the limbs and difficulty in moving the tongue; the pulse being above 100.

The patient was not confined to his bed during the day-time until the 6th of November, when the pneumonic symptoms commenced. The day after my arrival, (November 11th,) the symptoms were unaltered, with the exception of the pleuritic rubbing, which had moved a little higher up.

The whole of the pleuro-pneumonic affection was so very trifling that it certainly did not account for a pulse of from 140 to 150, and for the violent oppression, or rather as the patient explained it himself, "the weakness in drawing his breath."

The day following, the frequency of respiration varied between 30 and 60; the pulse was more than 200 and very weak; the temperature had fallen to 38° 6' cent.; and the body was covered with a profuse clammy perspiration.

The other physical symptoms were as before, and the pleuritis had not extended higher. The complaint of weakness in breathing, or as the patient called it "the impossibility of drawing a sufficient quantity of air into the lungs," was increased; but he remained conscious and resigned, so much so that he several times asked me at what hour I expected he would die. At 7 o'clock P. M., Nov. 12th, he died. The post-mortem examination performed on the 13th proved an infiltration of a part of the lower lobe of the left lung extending upwards about an inch and a half from its lower margin, and three or four ounces of liquid exudation were found in the

pleural cavity of the same side. When examining the chest and intercostal muscles, I found in every small piece placed under the microscope, trichinæ partly wound up, but not encapsulated, partly forming a single sling and partly extended. In the examined parts of the heart and diaphragm no trichina were discovered."

The picric acid before mentioned which was so heroically applied in the treatment of the human subject, was administered to a pig infested with trichinæ. The animal died from its effects, but the trichinæ were found alive and unhurt on examining its body.

Prof. Mosler had an opportunity during the epidemic of trichiniasis which occurred at Quedlinberg in another part of Germany, of trying the efficacy of *benzine* in this disease. It was first tried on the lower animals and the success which attended its administration induced him to try it upon man. The form in which it was given was, Benzine, ʒij.; Sol. Liquorice, Muc. Ac. aa., ʒj.; Aqua Menth. ʒiv. Of this mixture a tablespoonful was given every hour or two.

The conclusions arrived at by Dr. Mosler in regard to this remedy are as follows: "Benzine holds the first place among anthelmintic remedies, and may be administered in larger doses to the human subject than was formerly thought possible; given in doses which are well borne by the human subject it kills the trichinæ in the intestinal canal and thus prevents its propagation or the possibility of reaching the muscular tissue."

Of course, no one will claim any efficacy in this treatment in the later stages of the disease when the animal has already reached the muscular tissue.

Since the Hettstadt tragedy, the public mind in Germany has had little rest from apprehension of this terrible scourge. A wholesale poisoning soon after occurred in Offenbach, a manufacturing town in Hesse Darmstadt. Upwards of twenty persons were poisoned by eating trichinous pork, several of whom have died. But Hettstadt, with its tragedy and appalling concomitants, is eclipsed by the late visitation at Hederleben, another German village, where three hundred inhabi-

tants partook of trichinous pork, and at this writing full one hundred are in their graves. The butcher slaughtered four pigs, which were sold to the villagers. The butcher and his wife, partaking of the same meat, became themselves the earliest victims. A very injudicious custom seems to have obtained in this village, as well as in many other parts of Germany, namely: that of eating pork in a raw state, cut fine and spread upon bread. Although the scenes at Hettstadt were still fresh in the public mind, and the very uniform character which the symptoms always present was well understood by the medical profession generally, yet the people, through fear and ignorance, fled from what they believed a visitation of *cholera*. The consequences can easily be imagined. Many were seized with the disease, and died on the highways. The irritation of the stomach, vomiting and diarrhœa, might well be taken for the premonitory symptoms of the above disease by the mass of the people. Indeed, the village doctor was himself misled, as he treated the sufferers with opium and astringents. This treatment was evidently intended to control the diarrhœa; but it proved fatal to the patients, by confining the parasites in the stomach and alimentary canal until they had an opportunity to pierce through the walls. Out of twenty-eight persons treated in this manner, twenty-seven died. One very remarkable fact has been noted in connection with the epidemic at Hedersleben, namely: that as yet no *children* have died of the disease, all having made a good recovery.

The recent developments in Germany will lead many to inquire anxiously into the history of the trichina in our own country. It has been known for some years among medical men that the encapsuled trichina was occasionally found in the muscles of the human body after death, but until very recently no authenticated cases have been reported where death was produced by the disease in question.

In the *American Medical Times* of Feb. 20, 1864, a case is reported by Dr. Schnetter, in which a whole family was poisoned by eating trichinous pork. The father was the only one in whom the poison proved fatal. This case occurred in New

York city. The *Buffalo Medical Journal* contains the account of two fatal cases occurring in the western part of the State. A man and his wife residing in the village of Chicktonaga were found to be affected by an "apparently acute rheumatism, of a peculiar character." Dr. Krombein, the attending physician, suspected trichinæ, and, the patients having shortly died, a microscopic examination was instituted by Drs. Krombein and Homberger, which demonstrated the existence of the parasite in great numbers. The specimens of muscle taken from the bodies of the dead, together with a remnant of the sausages of which they had partaken, were subsequently examined by Dr. Lathrop and Prof. George Hadley under the microscope, and trichinæ found in both. In the human muscle they were *free*; in the sausage, *encysted*. Other members of the family were affected, but probably did not eat enough to prove fatal.

All the evidence thus far adduced goes to show that the more the cooking the milder the disease. Those cases in which the pork was eaten *raw* were of the most violent character, and invariably proved fatal. When it is remembered that this parasite in its capsule has been subjected to a degree of heat little below the boiling point, without destroying its vitality, the importance of *thorough cooking* becomes apparent to the lover of swine flesh.

In examining pork for trichina, the capsules may sometimes be seen by the naked eye under the tongue; but by far the safer plan is to have a magnifying glass of moderate power—say from ten to twenty-five diameters—which reveals whether it be free or encysted.

It is well known that the common red "earth-worm" or "angle-worm" is infested with trichinæ, and in this way fowls and swine may become the subjects of the disease, as they devour the worm greedily. An opinion obtains with many persons that what is known as "measly pork" is more liable to be infected with trichinæ than any other. What facts there are to sustain this belief we are not acquainted with, but the "measles" in the hog is genuine *scrofula*, and it is a significant fact that the disease just mentioned should have

derived its name from *scrofa*, a sow. The ancients, however wild or erroneous may have been their *theories*, were nevertheless close and accurate observers of *facts*. In this way the *name* of the disease is made to indicate its *origin*. It is safe to conclude that more disease and death are caused by eating pork *without* trichinæ than *with* them. To those who are determined to eat swine flesh in spite of the trichinæ and the law of Moses, we would give some advice in regard to the manner of rearing them. "As filthy as a hog," is a common comparison; yet the pig is sometimes libeled. He has his likes and dislikes, and though he seeks his food among ordure or in the filthy gutter, yet he will not eat unsound or unhealthy food. If he is shut up in a close pen, and made to swim in his own excrements, he certainly is not responsible for his dirty plight. The fact is now pretty well understood in Germany that the pigs which have been infested with trichinæ were brought up in this manner, and gave evidence of bad health before they were slaughtered.

While engaged in penning this article reports are coming to us daily from different parts of the country of the discovery of trichinous pork, and at Detroit the death of a German lady is reported in whose body this parasite was found. *Thorough examination and thorough cooking* have been insisted upon in this article as preventives of trichina disease; but the only *infallible* one is to obey the Jewish law, and *eat no pork*.

ARTICLE V.

A Method of Inhalation in the Treatment of the Respiratory Organs.

Contribution to the Inhaling Therapeia.—No I.

BY ALBERT ROSENFELD, M.D., CINCINNATI.

The following medicaments are those mostly recommended and found beneficial by practitioners engaged in treatment by inhalation, and which I can recommend from my own experience.

I.—WATER.

1. Cold, of a temperature of 8–10° R. first recommended by Fieber against hæmorrhage of the respiratory organs.

2. Warm, an old known remedy to promote secretion and liquifaction of the mucus, also its evacuation from the respiratory organs, particularly efficacious in angina membrane croup of the larynx, in ulceration of the pharynx. Its effect is purifying and soothing at the same time.

II.—LIQUOR FERRI SESQUICHLORATE.

Dose from 2–20 grains to one ounce of distilled water.

Diseases: Hæmorrhage of the respiratory organs. Catarrh of the same, especially in anæmic persons; profuse secretions, where it acts at the same time as an Antiseptic; Tussis convulsiva. Contra-indicated in persons of very delicate and irritable constitution, particularly of that class of females with extreme vulnerable mucous membranes. The teeth, especially if carious, become black by the inhalation of the sesquichlorate under the influence of light, a precipitate of proto-chloride of iron is formed and for that reason it should be procured in the dark. Sulphuric acid will remove any precipitate of the liquor that may accumulate in the glass tube of the apparatus.

III.—NITRATE OF SILVER.

Dose from 1–10 grains.

Diseases: Inflammatory and especially ulcerative processes of the pharynx and larynx. Pharyngitis granulosa. The inspiration of this drug should not be deep. The solution must be kept in the dark, and as it becomes decomposed even in the dark, it must be filtered always before it is used. Stains on the fingers or clothes can be removed by a concentrated solution of iodide of potassium or cyanide of potassium.

During the inhalations the patient protects himself against the blacking either by a mask or the application of any fatty substance such as cerate of glycerine.

IV.—ALUM.

Dose from 5–30 grains.

Disease: Inflammations, particularly the catarrhs of the pharynx and the respiratory organs. Excessive secretions in hæmorrhages where a more prolonged action is required than in the inhalation of the liquor ferri sesquichlorati.

V.—TANNIC ACID.

Dose from 5–20 grains.

Disease: As above, especially against croup of the larynx and the œdema of the glottis.

Its effect is also antiseptic. The solution can not be kept long. After a short time it becomes flabby by a precipitate of gallic acid.

VI.—SULPHATE OF ZINC.

Dose from 5–10 grains.

Diseases: Excessive secretion. It is also used as a steam douche in excoriation of the eyelids.

VII.—EXTRACT OF KRAMERIA (RHATANY.)

Botaille so used the same in his own case with the best effect against chronic inflammation of the respiratory organs.

VIII.—TINCTURE OF IODINE.

Dose from 1–20 grains.

Diseases: Granulous inflammation of the pharynx; pharyngitis sicca, and in all diseases of the pharynx in which the glandular apparatus is pathologically altered, furthermore in chronic swelling and hypertrophy of the pharyngeal structures.

IX.—IODIDE OF POTASSIUM.

Dose from 2–20 grains.

Diseases: The same as above, only not so valuable as the tincture of iodine.

X.—BROMIDE OF POTASSIUM.

Dose from 1–10 grains.

Diseases: Laryngeal Croup.

XI.—CHLORIDE OF POTASSA.

In diphtheritic and aphthous disease of children.

XII.—FOWLER'S SOLUTION.

Dose from 1–20 drops.

Diseases: Nervous Asthma.

XIII.—SUBLIMATE—CORROSIVE MURIATE OF MERCURY.

Dose from $\frac{1}{2}$ –2 grains.

Diseases: Syphilitic Affections of the pharynx and larynx.

XIV.—NATRUM CHLORATUM.

Dose from gr ij.—3iv.

Diseases: In catarrhal affections of the respiratory organs it acts as an expectorant, also in tubercular pulmonalis.

XV.—HYDROCHLORIDE OF AMMONIA

Dose from gr. x.—3ij.

Diseases: Acute catarrhal affections of the larynx and bronchia, used as an expectorant with great success.

XVI.—CARBONATE OF POTASSA.

Dose and Disease the same as those in muriate of ammonia, besides that in a certain kind of pharyngitis folliculosis.

XVII.—TARWATER (AQUA PICEA.)

Dose from gr. i.—gr. x.

Diseases: Excessive putrid secretion, bronchioectaries, gangrene of the lungs, tuberculosis pulmonalis, emphysema, as an antiseptic par excellence.

XVIII.—OLEUM TEREBINTH RECTIFICATUM.

Dose from 1–2 drops.

Diseases as above.

XIX.—OLEUM CADINUM.

Dose from 2–4 drops.

Disease: Emphysema (Leiblinger.)

XX.—AQUA AMYGDALARUM AMARUM CONCENTRA.

Dose from 10–20 grains.

Diseases: Used as a sedative in painful affections of the larynx and the rest of the respiratory organs; in excessive irritation of the mucous membrane. Used as a corrective in the liquor ferri sesquichloride and other irritating substances.

XXI.—SULPHATE OF MORPHIA.

Dose from $\frac{1}{8}$ – $\frac{1}{2}$ grain.

Diseases as above.

XXII.—TINCTURA OPII.

Dose from 1–3 grains.

Diseases as above.

XXIII.—EXTRACT HYOSCYAMI.

Dose from $\frac{1}{4}$ –2 grains.

Highly recommended by Fieber, in whooping-cough, intense bronchitis, and catarrhs of the bronchia of a spasmodic character.

XXIV.—EXTRACT CANNABIS INDICA.

Dose, $\frac{1}{4}$ –2 grains.

Diseases: For painful coughing in tuberculosis pulmonalis.

XXV.—EXTRACT CONII MACULATA.

Dose from gr. i.–vi.

Disease: Incessant irritation of the larynx.

XXVI.—BELLADONNA.

In whooping cough with nocturnal exacerbation.

XXVII.—ATROPIUM SULPHURICUM.

Dose $\frac{1}{4}$ gr. to 20 ounces of water.

XXVIII.—SULPHATE OF QUININE.

Dose $\frac{1}{2}$ gr. to 20 ounces of water.

Against paroxysms of cough with a periodic character, produces congestion and even hæmorrhage of the lungs.

XXIX.—GLYCERINUM.

Used by Demarquay in connection with tannin, 1 part of tannin, 50 parts of glycerine, 100 parts of water.

XXX.—OLEUM OLIVARUM.

Used as mixtura oleosa (Extract alcohol seminum hyoscyami gr. vi; oleum olivara 3j.; pulv. gummis arabic 3ss. aq. fontana lb.ij.) in dry and whooping cough.

Besides these substances mentioned the different mineral waters can be used in inhalations according to their specific properties. Generally speaking, every chemical body which is soluble can be atomized, and therefore inhaled. But it must be borne in mind that besides the local effect, the medicaments are much more readily absorbed through the mucous membrane than they are by internal application.

These doses in the foregoing article are adapted to the Inhaling Apparatus on sale by Mr. Max Woche, of this city.

Medical Societies.

The Cincinnati Academy of Medicine.

R. E. MCILVAINE, M.D., PRESIDENT.

W. H. McREYNOLDS, M.D., Secretary.

[Discussion on Cholera: Continued.]

DECEMBER 4, 1866.

Dr. John Davis.—If the non-contagionists had followed the line of argument we have pursued, we would not now be forced to refer to facts before stated. If Dr. Patton had done so, it would have saved me the trouble of attending a second time to the course of travel pursued by Cholera. It does not always travel westwardly nor north-westwardly. It has, unfortunately for Dr. Patton's theory, only followed westwardly lines where there were good roads for human travel; and it has never shown a partiality for westward roads when there were lines in other directions, equally traveled by man.

From Jessore, in 1817, it followed the radiating lines southward and eastward to the isles of South Asia, and to China; at the same time following the northwesterly road for Europe arriving at Astracan on the north shore of the Caspian in 1823. But here its passage was obstructed by quarantine. And from the south shore of the Caspian Sea, whence it had come to Astracan, it pursued a southward course toward Mecca, traveling with the caravans. If epidemic, why was it arrested at Astracan? Quarantine has never arrested an epidemic. Upon arriving at St. Petersburg in 1831, if it extended by epidemic influence, it should have crossed the Baltic Sea into Sweden. But here again, as at Astracan, it was checked by quarantine, and then took a southward route, through Poland; and thence a westerly course to Hamburg; thence to Sunderland, reaching that place Oct. 26, 1831.

It did not reach Sweden until three years afterwards, having passed from Hamburg northward through Denmark and Norway. Why did it not go from Scotland to the Shetland and Orkney Islands directly? Quarantine prevented. Is this

like the behavior of an epidemic? The course of Cholera is irregular, or rather regular, with the lines of human travel.

Dr. Patton, with the non-contagionists, says that he believes the disease never reached a high northern latitude. It is true that it never did reach Iceland. It is also true that it did not invade the islands north of the east coast of Scotland. But the reason is obvious, when we consider the disease as spreading by contagion. First, there is very little travel to these places; and in the second place, in these islands, and also, I believe, in Iceland, quarantine regulations were instituted.

Cholera appeared on shipboard in Bressay Sound among the Shetland Isles, but was prevented from reaching the land by quarantine. But Cholera has appeared as far north as Iceland in Norway and Sweden. In its first march in Europe, it reached Moscow, September 24th, 1830; and while it moved westwardly toward St. Petersburg, it, at the same time, traveled northward and reached Archangel the following Spring. Archangel is in latitude very near sixty degrees, which parallel runs through the middle of Iceland.

Dr. Richardson presumes that Cholera is not contagious, because quarantining did not keep it out of Vienna at a particular time.

Vienna is an inland city, very unfavorably situated for protection by sanitary cordons. There was some ingress and egress all the time. No barrier existed to the entrance of goods, and it is known that it can be conveyed in goods and clothing without the persons carrying the articles being affected. When Cholera was all around the city, it was not to be expected that it could be excluded.

Dr. Richardson, in this connection, should have explained why sanitary cordons were of avail at Astracan, to exclude the disease effectually for five years, and to prevent its extension from the place for seven years after its first appearance at the port, and why quarantines kept it out of Sweden for three years after its appearance on the east shore of the Baltic.

I confess that in many places, physicians did not take the disease, but where the poison has been sufficiently concentrated, all precautions have not availed to protect them.

Russel and Barry state that many physicians died of this disease in St. Peterburg. Dr. Allison also mentions cases of physicians falling victims. Granting that the instances are comparatively infrequent, the case is the same with other contagious diseases. How seldom do Doctors take typhoid fever. We come in contact with it year after year, and yet comparatively few of us suffer from it. Cholera more resembles typhoid fever than any other contagious disease. We only see patients in the first stage. They either die or get well before the inflammatory stage comes on.

Dr. Murphy objects to the theory of contagion, on the ground that it will scare people. This is a very poor reason to influence gentlemen in the discussion of a scientific fact.

I will now return to the original line of argument. I said that as light increases, physicians will more and more conclude that Cholera is a contagious disease. I will cite you to the report of the registrar general on the mortality of Cholera in England and Wales in 1848 and '49.

Setting aside London, where *more than half* of all the deaths of the whole country occurred, let us divide the sea districts into three classes :

1st. Large ports where in every instance the population is dense. In these there were 125 deaths in 10,000 inhabitants.

2nd. Secondary ports. Here the mortality was 47 to 10,000 persons.

3rd. In the other sea districts, including only small ports, often inaccessible to ships, the mortality from all causes was only 15 to 10,000 inhabitants.

In forty-seven districts on the river and sea margins there were 85 deaths from Cholera in every 10,000 inhabitants, while in forty-one districts lying inland and including the large towns, (except London) there were 38 deaths to 10 000 inhabitants. Does it not look like the disease was contagious, when its first appearance and greatest prevalence in England was at the gates of entrance to the cemetery.

Drs. Bailey and Gull in a report of facts to the Royal College of Physicians and Surgeons, declare their belief in its contagion.

Dr. Richardson.—I look upon the discussion of this subject of contagion as a very important one. We can arrive at nothing definite concerning its pathology; and its treatment is founded on mere individual opinion. The discussion of its contagion is important on account of the effect upon the people. If it is contagious we should go to work at once to surround ourselves with a sanitary cordon to keep it away if possible. This matter of an incubatory stage it is very important to recognize in a contagious disease. In smallpox, measles and scarlatina, this point is well ascertained; and after a person has been exposed and passed the period of incubation, he is considered secure against an attack. If we admit that the contagionists can take as much latitude as they do with respect to the periods of incubation of Cholera, every disease, which is capable of extension, may be called contagious.

As to facts, gentlemen, have been depending on memory, I prefer to go to the record. I will read from Dr. Bingham, of Connecticut, the best authority published up to his time.

The Doctor here read the account of many cases where Cholera did not spread by contagion, although the circumstances were highly favorable for it to do so.

Dr. Patton—In reply to Dr. Davis' observation, "That Cholera oftener prevailed in large cities and ports than in small and unfrequented places," said this slight preponderance was due to greater intercourse between the larger places, as human intercourse is one of the minor elements in its propagation! All other things being equal, we would expect to find it most prevalent, along the most thickly populated routes and where the population is the most dense. Its fatality would be greater in cities owing to the lack of proper hygienic conditions of the inhabitants, for, as a general rule, the larger a place the poorer may we expect to find the sanitary state of its people. It was enunciated as a general law of epidemics, that they usually originated in the East and spread, generally, in a westerly direction. Their usual *origin* in the East is probably not disputed. The epidemic cause, whatever it may be, spreads westward; when arriving in Western Europe, divergent waves spread from the main currents; though

whether this divergence be northward or southward, its general course is westward, being north or south-west rather than north or south-east. When the epidemic influence reaches this country the very same happens. It spreads, as the rule, toward the west, instead of from west to east.

During the session of two weeks ago, several general laws of contagious diseases were enumerated; one was that of Incubation, as peculiar to them. In addition to the judicious remarks upon this subject by Dr. Richardson at the last meeting, it may be stated that every *known* contagious disease has a period of dormancy preceding general symptoms. This period of latency, moreover, is confined within certain and definite limits, so that when an individual is exposed to one of these diseases and remains in perfect health, after its stage of incubation has passed, he may be pronounced beyond danger.

We can approximate to the duration of their respective incubatory stages; estimating, not from the first day of sickness and fever, but from the time of exposure to the exciting cause, to the supervention of distinct symptoms.

For example, it is estimated to be, in scarlet fever, from four to six days; in measles, ten to fifteen days; in smallpox, twelve days; in syphilis, about forty-five days; while Cholera has none, or if it has, what facts indicate it, and what is its probable duration? When Cholera reached Muscat, ten minutes only elapsed after the first seizure before life was extinct. At Bunderpore, it raged with such severity that three hundred and fifty died in the streets, tumbling over each other lifeless; or, according to an eye-witness, as if knocked down dead by lightning. At Kurrachee, in 1846, says Dr. Milroy, "In less than five minutes, hale and hearty men were seized, cramped, colliapsed and died." When the disease broke out at Teheran, in May of the same year, those who were attacked dropped down suddenly, as if in a state of lethargy, and immediately expired. In the camps at Bulgaria and Scutari, during the outbreak of Cholera in the allied armies in the summer of 1854, the rapidly fatal character of the disease was equally notorious. Indeed, in every severe epidemic, cases proving

fatal within an hour, are not uncommon. Can these instances,—such obstinate facts, be easily reconciled with the idea of incubation? It may be objected that the Cholera poison was so intense as to suddenly overwhelm all Nature's efforts at resistance. The reply may be made, that this fact is true of no other known and admitted contagion, not even of small-pox, which is thought to be the most contagious of all diseases.

Again, its diffusion is not analogous to that of any confessedly contagious affection.

According to Dr. Aitken, a very careful and minute inquiry into the history of the earliest cases of Cholera in London, in 1848, by Dr. Parkes, and in Newcastle by Dr. Robinson, shows that the poison could not have been brought by the clothes or baggage of any persons coming from infected districts in England, or on the Continent. Similar observations were made in Scotland; for instance, in one of the Western Islands, the most remote from the main land, the disease suddenly appeared, when so little intercourse existed with the place, that the clergyman of the Island continued regularly, every Sunday for eighteen months, to pray for King William the Fourth, as if he had been alive, after Queen Victoria had ascended the throne.

In the summer of 1850, Cholera broke out suddenly and violently in every quarter of Stockholm, Sweden. It prevailed at the time in Finland, and undoubtedly passed over the Gulf, unaided by human intercourse, as all vessels were quarantined near thirty miles from the city, and none of the passengers permitted to go beyond the limits of a small island, precautions surely strict enough to stay any infectious disease.

Dr. Condie states, when the disease invaded Philadelphia, it appeared simultaneously in widely separated sections of the city, between which there had been no previous communication; moreover, that he was unable to discover the slightest evidence of the disease having been in any one instance, communicated from the sick to the well. Dr. Parkes writes, in *The London Medical Gazette*, that it appeared at once in various quarters of London in 1848; and Dr. Shanks, in the *American Journal of Medical Sciences*, makes the same state-

ment relative to its progress on the Mississippi in December of the same year. In a communication in the *New York Journal of Medicine*, Dr. Sterling states, while attending to the affected emigrant ship, which arrived from Havre, Dec. 1st, 1848, that those persons who were most exposed to the sick, were not attacked; and that only three deaths occurred in New York, one of these being in a filthy, badly ventilated overcrowded tenement house of two hundred inhabitants. It then died out suddenly and totally, which could not certainly have happened, had the disease been truly contagious.

Furthermore, the Cholera poison does not emanate from the dead body, as would be expected, if the disease was highly contagious. Dr. Allison remarks that the dissecting rooms of the University of Glasgow were supplied exclusively by Cholera subjects during the years '32, '48 and '49; and in neither year was there a single case of Cholera among the numerous students engaged in those rooms.

It is the general opinion, though an erroneous one, that this disease is propagated by human intercourse. Dr. Aitkin, of Edinburgh, though believing in its contagiousness, affirms that its propagation by human intercourse is the rare exception, while its diffusion from other causes is the general rule. The very opposite of this is undeniably the fact relative to the propagation of the poison of contagion.

Dr. Carroll.—I thought I would like to say something about the location of Cholera hospitals, but do not know whether I shall get to that point this evening. It is perfectly useless to debate a question of this kind upon suppositions. Such a course will never lead to any satisfactory conclusions. One gentleman states that epidemics always originate in the east and travel westwardly. Is this so? Yellow fever belongs to this country and has never reached Europe yet.

Dr. Quinn remarked that it had reached Africa.

Dr. Carroll proceeded. That may be so, but it did not get there by traveling westwardly. Cholera came to this city in 1832 from New Orleans. This thing of epidemics following the course of travel is very singular. Epidemics don't skip one spot and alight on another beyond it. They don't make

victims in the lower story of a house, and leave the people in the upper story untouched, as the Cholera did in the case I related of the house on Plum Street. In the Orphan Asylum where proper precautions were taken, it did very little mischief. Wherever the poison is confined it will infect and destroy. As to doctors not taking the disease, I say they are liable to it. In Eastern Ohio they did take it, and communicate it to their families and others, and died of it, some of them, too. Dr. Flanner, of Zanesville, and Dr. Evans, of Harrisonville, both died of Cholera.

I don't want to go to Europe for instances to prove its contagious character. We have enough of them at home. Dr. Williams, of College Hill, now dead, told me that a man living at College Hill, went home from this city, took Cholera and died. The disease spread until it reached Eaton. He counted one hundred deaths that resulted from this case. What but contagion could be the cause here? I think there must be something mentally wrong with gentlemen who, in the face of all the facts, persist in denying the contagion of Cholera. The Parisian doctors at first thought it not contagious, and half the patients put in their hospitals died. In New York, they believed it was not contagious, and hence did not take the necessary precautions against its spread, and it proved very fatal. In Philadelphia every attention was given to improving the sanitary condition of the city, by cleaning the streets, compelling the cleaning of privies and the like, and consequently, the loss of that city was very small. We, in Cincinnati, with Prof. Harrison at the head, believed it was not contagious. Filth abounded, processions and parades were the order of the day, and dray loads of coffins could be seen on the street all the time. All the ignorance and some of the intelligence went with the non-contagionists.

Dr. Drake did not believe in direct contagion. He was too wise a man to believe it a mere influence in the air alone, but he adopted the animulecular theory.

Dr. Storer, in his report says, that we lost one in fifteen. I think we lost not less than one in twelve of our population.

We had our hospitals within the city. It was proposed to locate them outside of town, but the disease was considered to be not contagious, and the proposition was not supported. The First Ward had a hospital of rough boards, not closely built, upon the hill side. The air circulated through its walls all the time and in it the deaths amounted to 1 in 4. In Commercial Hospital 1 in $2\frac{1}{2}$ proved fatal. In the Quack Hospital 1 in $2\frac{1}{2}$, and they sent all their bad cases to Dr. Raymond. It does not matter if the disease is contagious, so we keep clean and don't get scared. The churches and school houses should be closed. All public crowds and sources of excitement should be avoided. Lord Bacon, the great philosopher, said, that when prisoners with fever were brought into court, if persons over whom a current of air from the prisoners passed, took the fever, he thought it to be contagious.

It was left to Boerhave to declare that smallpox was contagious. I believe that yellow fever is contagious to some extent. It is all humbug to say that because no distinct period of incubation can be declared, any disease is not contagious. We know of no such rule in glanders, and yet none can deny that people take it by contagion.

Dr. Quinn.—I have listened with interest to this discussion, and I doubt whether I now know any more of the nature and treatment of Cholera, or of its contagiousness, than before. We have had histories, and even new theories, and some speculations on the specific gravity of the cause, and modes of treatment. After all, I feel a good deal like Dr. Murphy, and the concluding remarks of Dr. Carroll. Are we able now to tell the authorities how to prevent its coming, or how to meet and treat it? All discussion should be directed to this point. The cause is interesting to scientific men, but we have little hope of discovering it. Much attention has been given to this subject, but no sooner is one theory set up than another knocks it down. If we could prove the cause to be a pardonable agent, we might discover the laws by which it is governed; this would go far in the direction of prevention and cure. If the cause is in the rice water discharges, they should be very carefully disposed of, or the poison neutralized

by some chemical agent. Filth we very well know to be one immediate cause, but the remote cause we have not been able to discover.

Whether or not it is contagious is very important, because physicians often have to answer the question. In answer to the statement that it always pursues the line of human travel, it is said often to appear on the ocean and in the midst of deserts, where it could not possibly be conveyed by travelers. Why is its progress sometimes more and sometimes less rapid than that of human travel? Why, if contagious, does it sometimes leap over one city in the line of travel?

To the argument that the first case is always imported, I reply by asking, why it does not diffuse itself in all directions? Why does it affect particular spots in cities, and even in houses?

Almost all authorities admit that physicians and nurses are not more liable than others. A few do take it because they are exposed to the same influences.

Many other reasons have been alluded to, which fully convince me that the disease is not contagious.

In 1854, the manner in which the Cholera acted in the Lunatic Asylum of this county, would appear to corroborate the views of Dr. John Davis. A patient was admitted from New Orleans, and died of Cholera on the 1st of June. In six days another case appeared. Unusual precautions were taken to keep the patients from going near the apartments of those afflicted. They were closely watched when they went to the water closets and to their rooms. No other case occurred until the 26th of June, when the supply of water failed, and it became necessary to haul water from Millcreek. The change of water acting as a predisposing cause, Cholera broke out and created a panic. The nurses fled, the assistant physician took sick, and I was compelled to remain at the Asylum. The first case was a feeble old woman, and the next a very robust woman who did washing. All who had not Cholera had some derangement of the bowels. Eleven died, nine males and two females. The disease spread from the laundry through one building. The old Lunatic Asylum consisted of

three buildings, only one of which suffered from the disease. All the clothing and stores of the Asylum were kept in this building, and there was constant communication, through the doctors, nurses and servants, between it and the other buildings. If the disease is contagious, why did not the inmates of the other buildings take it. To promulgate a belief in its contagion will have a bad effect upon the people.

In 1849, in Sandusky they believed in its contagion, and the result was a general stampede. A telegram was dispatched to this city for aid, and with several other young physicians I went to Sandusky. We found a perfect state of panic. In five minutes after we reached the depot not a single person remained. I went into a house and found a dying man alone. Soon a lady came into the room, with camphor to her nose, and asked what was to be done. After receiving directions she quickly retired; this was the wife of the dying man. Such was the effect of a belief in contagion. Fear killed them, and no confidence could be established until the first cures were effected under the plan of treatment which had been adopted in this city.

Dr. Richardson.—I should like some opinion from the advocates of contagion, based on facts, as to the period of incubation. Communicative diseases have some *established* period of incubation. In smallpox, the period of incubation is more than forty-eight hours. Cholera has no period of incubation, as far as we can get at it. In 1848, persons were attacked on board of vessels which had been at sea for weeks. In Bennett's history of the disease in 1832, we find the following case. A regiment was going up the Ganges on boats, and the men were attacked by Cholera when they came in the vicinity of an affected locality. There was no communication with the shore. On the contrary, a knowledge that a particular part of the shore was affected, made the boats hasten to pass it and get out of the danger. After the boats had passed the affected point for a certain distance, the Cholera on board suddenly subsided. With a second fleet of boats, transporting another regiment up the Ganges, the case was similar. And yet contagionists claim another origin for the disease. When

persons get their minds into a state like this, it is very difficult to disabuse them. If one member of a family has a disease, why can not another member of the same family take the same disease? both are exposed to the same causes. What good did a double cordon around Vienna do? It did not protect the city against the attack of Cholera. The disease proved very destructive there.

What class of persons was more exposed in this city in 1849 than physicians? They were not accustomed to the disease, and were subjected to every possible exciting cause. They were irregular in meals and times of rest, and remained long with their patients, under the idea that frictions were beneficial. Yet but three undisputed cases terminated fatally among them, viz.: Drs. Mulford, Baker and Harrison. Admit that Dr. Shotwell died from Cholera, and we have four cases, but Dr. Shotwell's case was not an undisputed one of Cholera. Only four doctors at most died of Cholera in '49, '50, '51, '52. There were two hundred physicians in the city, and four deaths in this number was a very small proportion.

Dr. Carroll.—There were fifteen deaths of doctors—eight regulars and seven quacks. I can not now give the names, but will do so at another time.

Dr. Hiram Smith read a paper in opposition to the theory of contagion.

Dr. Murphy.—I would like to ask the advocates of contagion what opinion they would give, should the Board of Health ask their advice concerning the propriety of opening Cholera Hospitals within the city limits. Would they advise such a course or not? This question is worth nothing outside of what may be made of practical utility. Will this theory induce gentlemen to advise hospitals to be opened inside the city or outside with a fence around them. In '48, '49, '50, '51 and '52, Dr. L. M. Lawson was the only man I know who believed in contagion, and yet he was not afraid to go home to his family after he had been in contact with the disease. This doctrine will drive people out of the city. I don't think the advocates of quarantine ever believed in contagion. The only practical result of such a belief is to put hospitals outside

of the city, and forbid all kind of communication with them. People are already asking, is this disease catching? particularly the Irish, as they remember the panic of Dr. Graves' contagious fever. I have been asked by people, where they can go, to warrant immunity. If I believed in its contagiousness, I should advise them to resort to a high locality.

Dr. Carroll proposed to make the location of hospitals the subject for discussion at the next meeting.

Dr. John Davis.—*Dr. Patton* mentions the case of two vessels leaving ports not affected by Cholera, and the passengers taking the disease at sea. He should particularize where these passengers came from previous to embarking. The *Atlanta* came from Havre where there was no Cholera, but the Cholera was in Paris, and the passengers had come through that city on their way to Havre. Suppose there had been none of the disease in Paris, we then should only have been compelled to look further back on the route of the passengers for the source of contagion. The non-contagionists should show, not only that the passengers attacked came not from infected, but also that they had not touched at infected places.

On the 3d of March, 1849, a young woman, belonging to Campbelltown in Invernessshire, came to that town from Glasgow, having with her the bed covers and clothing of a relative who had died in the latter part of January of Cholera. On the 14th of March, she washed the clothes, and poured the suds into a drain that ran between her house and the next one. At the time, the occupant of the next house and his son were engaged in thatching it, and used for the purpose some of the clay contiguous to the drain. They also occasionally went into the woman's house. On the 16th of March both of them took Cholera and died on the following day. Within two weeks, thirty-nine other cases and twelve deaths occurred. Most of the cases being traceable to communication with persons already affected. This took place when no Cholera existed nearer than Glasgow, fifty miles off. An extent of country, with Campbelltown as its centre, one hundred miles square, was free.

We are told that such a succession of cases proves nothing.

I contend that repeated instances of such succession does amount to a great deal. We may say that Cholera never occurs without such succession. To this there are seeming exceptions. There are tainted houses, tainted districts where the poison lurks, and people who go there will get the disease. Manner of life or something in local circumstances may favor or retard its development and extension. It is so with measles and scarlatina. Occasionally one case will appear, and other members of the family will escape, particularly if proper attention is given to ventilation. Smallpox, too, sometimes has seemed to suspend its contagion. On a slave ship, where smallpox appeared, vaccination and inoculation took for a time, but soon after ceased to have any effect. Then the smallpox was of a mild character and did not extend. A dry East wind was supposed to be the cause of abatement. As soon as the air became moist and sultry, the disease began to spread again.

Correspondence.

Letter from Paris.

(Dr. Wade has kindly furnished the following interesting letter for publication.)

PARIS, January 10th, 1866.

DOCTOR:—I should have written to you long ago, but have delayed doing so that when my brief experiences are told they may prove readable, if not peculiarly interesting.

I arrived in this city on the 6th of last July, and have passed the time since in constant attendance at clinics, excepting six weeks in the Autumn, that were devoted to a flying tour to the Rhine, Switzerland and Italy. As even a slight description of what I have seen in those countries and Paris is impossible within the narrow limits of a letter, I shall have to refer you to the many books of travel on those topics so much better composed than anything I could offer. However, you may be interested in a cursory survey of the medical features of this capital.

Among the celebrities in our age, who fill high positions here, is the venerable surgeon, Dr. Velpeau who, as it were, clasps hands with the past and present generation. Although seventy-three years of age, he still walks with a firm step and his mind is very active for one so advanced in years. He still holds the position of Clinical Lecturer of the Faculty of Medicine, and has a large service at the *Hopital de la Charite*. Great numbers of students, especially foreigners, crowd to hear the words of the man who has written so much that has guided the actions of surgeons for years past, and will continue to exert a wide influence long after he is gone. But, although he thus continues in active service long after most men have retired, he does not trust himself to perform delicate operations, preferring to wear gracefully the laurels he has already won.

Ricord, whose name is so familiar wherever modern medical art has penetrated, is no longer connected with the hospitals. He retired from the *Hopital du Midi* in 1860, after serving over thirty years, and does not now honor the world with his

lectures. Nevertheless, I had the extreme good fortune to hear him deliver a lecture, at the request of Dr. Bouchut, on the transmissibility of syphilis by vaccination. It may be interesting to you to know that he believes syphilis is sometimes inoculated in that manner, but that the cases are rare. The vein of wit that continually showed itself during the discourse and the merry twinkle of his eye indicate that he has a great deal of youth remaining yet. He devotes himself entirely to private practice, and the description that is given of his consultation table covered with twenty franc pieces surpasses the dreams of the most sanguine castle-building doctor.

Maisonneuve is at the Hotel Dieu and is still applying the sticks or arrows of choride of zinc for the extirpation of cancer of the breast, notwithstanding the almost universal verdict against them. He passes through his wards very rapidly, and it often troubles the students to keep pace with him. The quick manner in which he questions patients, and makes the diagnosis, indicates a man of business, and his entire demeanor denotes one who has little reverence for fine spun theories of others, although no person will elaborate one more readily than himself. He is a very bold operator and performs too many experiments, to ever attain the first position among the surgeons of Paris. Yet his mistakes will often prove of more benefit than if he had followed in the trodden path. He still occupies himself a great deal in the invention of surgical instruments.

It is almost needless repetition of what every one knows, to tell you that Nelaton is the first of Parisian surgeons. And this is not surprising, for he combines the graces of an attractive person, exceeding affability, great knowledge, and almost unequalled skill. His clinics are always very much crowded, and in the wards when passing from bed to bed, no little hurrying and perseverance is necessary to get a position to see well. He is, undoubtedly, the best surgical lecturer in the city, and he displays an intimate knowledge of the minutest anatomical details and a peculiar aptitude for close analytical diagnosis that is unsurpassed.

Trousseau, the well known physician and medical author, is

about fifty-eight years of age. He is above the medium height, and has a fine head, and noble, frank countenance. As he passes from patient to patient, examining them with a gentleness almost unknown in French hospitals, we wish that he may be blessed with eternal rejuvenescence, but although he still stands erect and steps almost with the elasticity of youth, the silvered locks remind us that age will soon overtake him.

The city is crowded with specialists. The first among oculists are Desmarrs, Jr., and Liebreich.

Dr. Desmarrs, the son of the one who stood at the head of this specialty some years ago, is a young man from twenty-eight to thirty years of age. He is possessed of great ability and remarkable talent, and you will readily conceive that this must be so when told that the only one who can contest with him the very first position is Dr. Liebreich. He operates with dexterity very rarely equalled, and is eminently successful. His clinic is very large, often not less than two hundred patients being present, and within the year he has between fifty and sixty thousand cases under his charge. Thursdays are devoted especially to ophthalmoscopic study, and the urbanity he manifests in permitting students to examine the patients is exceedingly gratifying. Three times a week, in the evening, he gives lectures on Operative Ophthalmology, and devotes one evening in addition to the practice of the operations on the eyes of animals, furnishing each student with material, instruments and instruction free of charge. As a lecturer, he speaks fluently and entertainingly, and expresses his ideas with great clearness.

Dr. Liebreich is from Germany, having spent very many years under the immediate tuition of the illustrious Graeffe, and passed a long time in a large Ophthalmic hospital at Berlin. He is now, perhaps, thirty-eight years of age, and is not unknown to the world as the author of a most excellent chart of ophthalmoscopic diseases. Although he has been but little over two years in Paris, he has gained a most enviable position. The Emperor has bestowed on him the cross of the Legion of Honor, a distinction seldom permitted to

foreigners. But, a short time ago, he operated on the mother of the Empress for cataract. His clinique is large and especially instructive, owing to the erudition and faultless judgment he brings to bear on every subject, and the exceeding care he takes to illustrate every symptom of the disease of which he speaks in the living patient.

In the application of the laryngoscope to the investigation of diseases of the larynx and trachea, Dr. Fauvel stands pre-eminent. Twice a week he gives clinical consultations for students, and then by the aid of a strong calcium light so illumines the pharynx that six or eight persons at once can see distinctly in the mirror, the larynx, the action of the vocal cords and sometimes the entire trachea even to its bifurcation. His treatment of the diseases that fall within his specialty is very successful, and the adroitness with which he applies his remedies is certainly wonderful.

But this letter is already quite long enough. However, before closing, it may be interesting to you to know that the Cholera still lingers in this city, but the number of deaths—about four a day—is so exceedingly small that hardly any notice is taken of it. There are many who think that it will break out in the Spring with redoubled violence as it did once before when it invaded the city in the Fall. At present the medical journals are filled with statistics and returns concerning the various forms of treatment, but nothing new is presented worthy of note.

With the best wishes for your health and prosperity,

I am very truly yours,

GEO. E. WALTON

DR. D. E. WADE, Cincinnati, Ohio.

Letter from Baltimore.

Special Correspondence of the Cincinnati Lancet and Observer.

BALTIMORE, MD., February 26, 1866.

WITH pleasure I call the reader's attention to the Maryland Institution for the instruction of the blind. The fifth annual report of this Institution has just been issued. The erection of the new building on Northern Avenue, between Charles

Street and the York road, is progressing as rapidly as circumstances will admit. It was originally supposed that it would cost \$75,000, which sum is now on hand, but it has been ascertained since that it will require \$50,000 more to finish it. There were twenty-four pupils under instruction at the close of the previous report, four of whom have left during the year, and twelve new pupils have been received, leaving in the Institution at the close of the year thirty-two pupils; eighteen of this number are from Baltimore city, nine from the several Counties, and five from the District of Columbia. The Columbia Institution for the blind at Washington, having, by a recent act of Congress, become a National College for deaf mutes, the blind inmates of that Institution have been transferred to the Baltimore Institution, where they are regarded as United States pupils, and the Washington Institution has made a handsome donation of their school apparatus and books to its Baltimore friends, putting them in possession of all the most valuable books published in Boston type, and also some in the Philadelphia type, the dictionary alone being a very important work. During the year the receipts of the Treasurer amounted to \$33,384,08; leaving a balance on hand at the close of the year of \$2,970,21. The Institution is in a *very prosperous condition*.

From the *California Youth's Companion* I select the following: Dr. Richardson has found that one good Havana cigar will yield, when smoked, and its smoke is condensed, a sufficient amount of poisoned matter to induce active convulsions in a rabbit, and six pipes of common shag tobacco will yield sufficient poison to destroy a rabbit in three minutes. What a warning to those who use the Indian weed, this should be. The *Chronicle*, commenting on the above, concludes the article as follows: "The deduction is plain and simple; it is very unhealthy for rabbits to smoke good Havana cigars, especially if they aggravate their folly by 'condensing' the smoke—a thing which must infallibly produce 'active convulsions' of laughter, or some other kind of convulsions, the author of the above treatise being somewhat obscure on this point. Also, it would be in the last degree fool-hardy and

absurd for a rabbit to indulge in more than five pipes of 'common shag tobacco' unless circumstances rendered it an object with the rabbit to destroy itself 'in three minutes,' and the advantages to accrue from that object would be impaired by procrastinating to the extent of a minute or two.

"The moral of the treatise is palpable. Rabbits should indulge in tobacco only in the strictest moderation, and it would even be good judgment in them to abstain from its use altogether. But we will remark here casually, in a spirit of friendly consideration for the editor of the *California Youth's Companion*, that articles written for the instruction of rabbits ought always to be accompanied by the most explicit explanations, because of so inferior an order is their intellectual capacity that they might otherwise fail to understand even the simplest proposition, notwithstanding it contained information of the utmost importance to their well-being." Who does not agree with our friend? *Rabbits* should not use tobacco.

Every one has read or heard of "The Colton Dental Association" of New York? This Association has opened an office in this city, and from all appearances bids fair to become a blessing to our inhabitants. Dr. Colton administers the Nitrous Oxide, or Laughing Gas, as a substitute for Chloroform and Ether, in dental operations. There is nothing people dread so much as pain, and there is no pain so excruciating as that accompanying the extraction of teeth.

Is it justifiable to use a remedy which has undeniably killed its hundreds, when we have an equally efficient one, and *perfectly safe*? This is a question which should force itself upon the attention of every medical man who has occasion to use anæsthetics in Surgery. And yet a majority, perhaps, of surgeons are still risking the lives of their patients with Chloroform, when they have, in Nitrous Oxide Gas, an agent which, beyond a doubt, is harmless to the most delicately constructed constitution, and equally efficacious. Dr. Colton will open an office in St. Louis also.

HENRY J. HOWARD.

Reviews and Notices.

The Physiology of Man : Designed to represent the existing state of physiological science, as applied to the Functions of the Human Body. By AUSTIN FLINT, Jr., M.D., Professor of Physiology and Microscopy in the Bellevue Hospital Medical College, New York, and in the Long Island College Hospital, etc., etc. Introduction : The Blood ; Circulation ; Respiration. New York : D. Appleton & Co. 1866.

A number of months ago we announced in this journal a forthcoming work on Physiology, by Prof. Austin Flint, Jr., to be issued in a series of several annual volumes. The book before us, is the first volume of the promised work, and commands our interested and respectful attention.

First of all, that which first commands our notice, before we have time to examine the character of the matter even, is the remarkably beautiful manner in which the publisher has placed this book in the hands of the Profession: very certainly no American medical work of which we have any knowledge will compare with this specimen of printer's art. The paper is of the best quality and tinted; the type is clear, distinct, and of a good readable size. Medical readers will appreciate these excellencies, and feel grateful to the good taste of the Messrs. Appleton.

This volume, as the title indicates, treats of The Blood, The Circulation, Respiration. The entire work will be completed in three additional volumes, one to be issued yearly until the work is finished. The present volume may be regarded as a distinct and completed physiological treatise on the topics embraced, as also will be each succeeding one.

Before considering *The Blood*, our author devotes nearly one hundred pages to Introductory topics, which consists of a careful digest of Proximate Principles, for the most part following the classification of Robin and Verdeil, which Dr. Flint considers can not be improved.

The first three chapters discuss the blood, its characters, its composition, the phenomenon of coagulation, and so on, from which we pass on naturally to the circulation. In a somewhat

hasty examination of this part of the work we do not observe anything specially different from the present accepted views of the best physiologists. Dr. B. W. Richardson's theory of coagulability is quite fully expounded, and affords an interesting chapter. In regard to the analysis of the blood, Dr. Flint describes the usual modes which have been resorted to, but points out some serious objections to their accuracy, and proceeds to detail certain suggestions of his own which he thinks less objectionable than those in use. His method consists essentially in the addition of a saturated solution of the sulphate of soda to a portion of defibrinated blood which he considers renders the corpuscles incapable of transmission through the filter.

Several chapters are devoted to an interesting consideration of the circulation; the heart's action; arterial capillary and venous circulation. Chapters Ten to Fourteen treat of Respiration, with its various relations, the changes it produces upon the blood, and its relations to nutrition.

This brief notice by no means does justice to the author in his praiseworthy labor, of producing an American treatise on physiology worthy of a national reputation. But what we have said will serve to call the attention of our readers to its merits, and their time to its perusal. It is somewhat noticeable in this connection, that we have the rare pleasure of calling attention to two important works appearing simultaneously from father and son. The works from their character and the authors from their position "both commanding an unusual degree of professional regard."

For sale by R. W. Carroll & Co. Price \$4.50.

Rhinoscopy and Laryngoscopy: Their Value in Practical Medicine. By FRIEDERICH SEMELEDER, Physician in Ordinary to His Majesty, the Emperor of Mexico, etc., etc., etc. Translated from the German by Edward T. Caswell, M.D. With wood cuts and two Chromo Lithographic plates. New York: William Wood & Co. 1866.

Just now the attention of the profession is being very particularly engaged in the study of the laryngoscope and the advantages which it affords in the practical treatment of affections of the air passages. The little volume before us is an

excellent contribution to the literature of this subject by one of the pioneer disciples of Czermak. The present book is devoted to a brief *resume* of both Laryngoscopy and Rhinoscopy, being essentially the same character of physical exploration, the one having reference to the laryngeal structures, the other the naso-pharyngeal cavities.

Semeleder introduces his subject with a very brief account of the anatomical arrangement of the naso-laryngeal space, and then gives a satisfactory description of the mode of examination of this region, and the necessary apparatus. Chapter Second describes the mode of examination and catheterization of the Eustachian tube, together with a number of pathological conditions in which Rhinoscopy contributes to the completeness of treatment. In the course of these practical applications a large number of cases are briefly detailed by way of illustration.

The Second Part, after very much the same manner, describes the province of the Laryngeal Mirror—the structure of the larynx—the apparatus and details of laryngoscopic examinations. A very considerable space, nearly one hundred pages, is occupied in the practical applications of the subject.

The book is useful, and students desirous of getting hold of this subject in a brief space, will find Semeleder's little treatise convenient and satisfactory.

For sale by Geo. S. Blanchard & Co. Price \$3.25.

Editor's Table.

Fees for Medical Teaching.—In the earliest days of medical schools in America an aggregate of \$105 was established as the standard Fees for a Course of Medical Lectures. The leading schools throughout the United States have recognized this standard, and with the exception of about six schools in the interior valley, and three or four East, that is the present rate from Boston to New Orleans. No financial embarrassments or currency inflations have changed or materially modified these fees; the steady advance in professional fees in this country, and the increased prices of all articles of living in the past quarter of a century has not affected these rates; even the vast inflation of prices during the war did not reach an advance in College fees. It is at length proposed to seriously consider the propriety of a material increase of the fees. Boston, New York and Philadelphia will charge an aggregate of \$140 for a course of lectures hereafter, and we presume there will be a strong effort on the part of the leading schools of the country to follow an example so strongly established. It happens, unfortunately, that several of the leading Western schools with a few Eastern ones have so radically settled down to fees which are so merely nominal that it will require considerable revision of policy and views to enter harmoniously into an uniform system. At present we are not advised as to the course the Western Schools will pursue.

So far as the Miami Medical College is concerned, we may say, however, that it has directed its Secretary to correspond with other Schools in the West, with a view to determining some proper and uniform policy; and the Dean has been appointed to act for the Faculty in any Conference of Schools which may take place to further this object.

It is manifestly to the interest of medical students that the schools adopt rates of charges for tuition which shall be materially in advance of present fees. Many students appreciate this already. No school, unless an endowed Institution, can adopt a low rate of fees, as a permanent policy, and afford to present such attractions, in the shape of Lecture Rooms, Material for extended and abundant illustration, Cabinets, etc., etc., as go to make up a first class College. No men can afford to give up the necessary time in the mature labors that are implied in medical teaching, unless they are in some way

compensated for it. By all means let the schools afford the most complete and thorough instruction, give the needed time and outlay for material: By all means, as the true economy for all concerned, let the schools be paid for their labor.

Rush Medical College, Chicago.—We are informed that the statement in reference to Prof. Brainard, copied into this journal from one of our exchanges, that he had gone to Europe with the expectation of being absent two or three years, is a mistake. He announced his purpose to be home in time for the delivery of his usual course of lectures in the next session of the Rush Medical College. We make the correction with pleasure; and are happy to learn still further, that it is contemplated to erect a new College building, and otherwise increase the college and clinical facilities of the School.

MORE NEW JOURNALS.—Our medical exchanges continue to multiply. We take pleasure in acknowledging the receipt of the following, two of them coming to us as the face of old, familiar friends.

The Savannah Journal of Medicine.—We have received the January number only. Edited by Drs. Harris, Read & Thomas, and is to be issued every alternate month, with 72 pages, at \$4.00 per annum. We observe by its editorial announcements, that the Savannah Medical College is reorganized and in regular operation. Amongst its Faculty we recognize the name of Prof. W. M. Charters, in the chair of Chemistry, as an old neighbor and friend. He has our best wishes in his new position.

The Atlanta Medical and Surgical Journal.—No. 1, Vol. VII., March, 1866, is received, Drs. J. G. and W. F. Westmoreland being editors, as heretofore. It has forty-eight pages monthly, and is published at \$4.00 per annum.

The Medical Reporter is the title of a new journal to be issued in St. Louis, semi-monthly, at \$3.00 a year. It is edited by Drs. Alleyne and Potter. It is neat and has the ring of good material. But whether a second journal is required in St. Louis in addition to the capital *Medical and Surgical Journal* is more than we are prepared to judge.

The Galveston Medical Journal is a small monthly, published at Galveston, Texas, by Greenville Dowell, M.D., at \$5.00 a year. The present number is chiefly occupied with the Constitution, Laws, Fee-bill, etc., of the Galveston Medical Society, together with papers on Fever and Cholera by the editor. We don't see any great im-

portance in every Medical School in the United States having a journal, and until the Texans are prepared to set up a home journal of more value, we advise them to rally around Dr. Dowler and the *New Orleans Medical Journal*.

Annual Commencements.—The usual commencement occasions have taken place since our last number. Imperfect reports of these have come to hand, from which we make up the following summary, commencing with the schools of our own city; of which first in order of time is

The Cincinnati College of Medicine and Surgery.—The Exercises of this Institution were held on the evening of February 23d ult. The Dean of the Faculty, Prof. B. S. Lawson, delivering the Valedictory Address to the graduates. We have not been able to procure the list, or we should publish the names of the graduates with pleasure. We understand the number was fourteen.

Medical College of Ohio.—The Forty-fifth Annual Commencement was held in the Amphitheatre of the College on Thursday morning, March 1st. The address to the graduates was by Prof. Gobrecht, and was in most excellent taste both as to manner and matter. The following is the list of graduates, sixty-seven in all, being the largest Graduating Class the College has ever sent out:

Joseph Aub, F. A. Avard, E. M. Bagley, C. W. Burket, Andrew M. C. ok, J. C. Cadewood, John M. Craig, Albert G. Craig, Samuel T. Cull, John H. Curry, Asa W. Damels, Isaac S. Earhart, Thomas Eagleson, Gilbert A. Ewing, John F. Ellis, Samuel Ellis, John T. Floyd, Hugh S. Fullerton, J. S. Farris, E. S. Galbraith, Alexander Guthrie, John Gordon, W. J. Hoadlev K. J. J. Hawley, P. F. Harrod, H. M. Hittner, Z. H. Hawser, George W. Hale, Daniel C. Jones, Levi M. Jones, I. N. Jones, James A. Jenkins, J. H. Kaighn, A. J. Langford, W. A. Lindsey, M. Meredith, H. R. Moore, Robert McCall, W. McMillan, J. L. Neilson, G. C. Ogden, Samuel Pangburn, John F. Parr, James M. Paul, John Phenninger, D. C. Peters, A. W. Patterson, R. R. Potter, J. D. W. Roberts, J. P. Richardson, George Rowland, W. E. Scoby, Anderson T. Speer, H. G. Steele, Joseph A. Stillwell, J. T. Sweeney, J. D. Staebler, R. R. Tidrick, Richard Taylor, Albert Toon, A. M. Vickroy, H. A. Wilson, T. S. Wise, G. W. Westlake, John P. Woodward, R. W. Woodward, George S. Zugg.

The number of matriculants was 126.

The Miami Medical College.—The exercises connected with the Sixth Annual Commencement of this Medical School were held in the Lower Lecture Room of the College on Thursday evening, March 1st. In the absence of the venerable President of the Board of Trustees—Rt. Rev. Bishop McIlvaine—the degrees were conferred by A. H. McGuffey, Esq., the Vice President, accompanied by some brief extempore remarks which were unusually happy and appropriate. Prof. E. Williams delivered the Valedictory, in which the customary admonitions were clothed in an agreeable mixture of humor and gravity, closing with the following remarks :

“ Let me remind you that a man's life consisteth not in the abundance of the things which he possesseth. Seek ye, therefore, above all, the favor of Him in whose hand is the soul of every living thing, and the breath of all mankind. There is another far loftier ladder to be climbed than the ladder of learning. Angels were seen ascending and descending upon it, and the Lord stands above it and invites us up. In behalf of my colleagues, I bid you all a sincere and hearty farewell.”

After the regular exercises, the Graduates and Faculty, with a number of guests held an agreeable social reunion and parting at the residence of Prof. W. H. Mussey, thus closing up a very gratifying and successful session, the first of this School since its reorganization. The number of Matriculants was one hundred and fifty-four and the number of graduates twenty-six, and two ad eundem. The following is the graduating class :

Graduates.—P. M. Bigney, Moore's Hill, Ind., Pyæmia ; L. M. Bookwalter, Harrison, O., Pneumonia ; J. L. Cilley, Cincinnati, O., Dyspepsia ; J. H. Carothers, Pacheco, California, Diphtheria ; Walter L. Davis, Cincinnati, Ohio, Peritonitis ; H. N. Fox, Hillsdale, Mich., Therapeutic Electricity ; C. A. Grahn, Springfield, Ohio, Typhoid Fever ; Hugh Gilchrist, Oxford, Ohio, Phthisis Pulmonalis ; Jesse C. Hancock, Sligo, Kentucky, Acute Peritonitis ; S. E. Hampton, Madison, Indiana, Epidemic Cholera ; A. D. Hill, Havana, New York, Phthisis Pulmonalis ; Columbus Hixon, Leavenworth, Kansas, Placenta Prævia ; George E. Long, Alpha, Kentucky, Syphilis ; M. W. Larue, Carrsville, Kentucky, Erysipelas ; W. R. McAlister, Logansport, Indiana, Spotted Fever ; T. E. R. Miller, Frederick Co., Md., Enteric, or Typhoid Fever ; A. J. Milla, Dongola, Ill., Hyperrophy ; Charles R. Martin, Campbellsburg, Ky., Bilious Remittent Fever ; M. S. Pixley, Wheelersburg, Ohio, The Blood ; James B

Porter, New Haven, Ohio, The Mission of Medicine ; Michael Rooney, Springfield, Ohio, The Physician ; Irving Sunman, Versailles, Ind., Typhoid Pneumonia ; D. J. Smith, Keokusville, Ind., Diphtheria ; J. H. Smith, Blairsville, Penn., Variola ; J. J. Tremble, Warren Co., Ohio, Bright's Disease ; A. L. Wright, Bellefontaine, Ohio, Measles.

To the Ad Eundem Degree.—Frank M. Agnew, M.D., Makanda, Ill., Dyspepsia, Medical College of Ohio, 1861-62 ; S. G. Irwin, M.D., Mace, Ind., Mercury, its Action and Uses, Rush Medical College, 1862-3.

Bellevue Hospital Medical College, N. Y.—The fifth Annual Commencement of this School was held on the 24th of February, in the Academy of Music. There were 172 graduates.

Medical Department of the University of New York.—The Annual Commencement was held on the evening of March 2nd. There were 70 graduates.

College of Physicians and Surgeons, N. Y.—This College held its fifty-ninth Annual Commencement on the 9th of March. There were 112 graduates.

Massachusetts Medical College.—Commencement on the 7th of March, granting the Degree to 70 gentlemen which with 25 in July last makes a Graduating Class of 95.

The Rush Medical College of Chicago held its Annual Commencement on the 24th of January ult. The Class of the past session numbered 293. The Degree of M.D. was granted to 90, the Ad Eundem to 4, and 1 Honorary Degree.

The Chicago Medical College held its Commencement on the 1st of March. We understand there were about 100 matriculants, and there were 22 Graduates, 4 Ad Eundem, 5 Honorary.

The St. Louis Medical College held its Commencement on the 1st of March in O'Fallon's Hall. Prof. C. W. Stevens delivered the Valedictory. There were 50 Graduates, and 7 Ad Eundem.

Medical Department, University of Buffalo, held its Commencement February 20th ult., with a Graduating Class of 40.

The University of Pennsylvania had 520 Matriculants, and 160 Graduates.

The Jefferson Medical College had 425 Matriculants, and 165 Graduates.

The Charity Hospital Medical College of Cleveland had 76 Matriculants and 28 Graduates.

E. W. Crowther & Br. Druggists.—These gentlemen are amongst the most reliable druggists of our city. We refer our readers to their card which will be found in our advertising department.

The New Orleans Medical and Surgical Journal.—Dr. Dowler has issued a supplementary Circular in regard to his enterprise, from which we regret to learn that the uncertain postal arrangements throughout the Southern States are for the present a serious obstacle to the successful issue and maintenance of a periodical of that character. We hope these difficulties will be speedily removed.

Cincinnati Academy of Medicine.—At the annual meeting of the Academy on the evening of the first Monday in March, the following officers were elected for the year 1866 : President, Dr. Thos. Carroll ; Vice President, Drs. Woodward and Vattier ; Recording Secretary, Dr. M. B. Graff ; Corresponding Secretary, Dr. E. B. Stevens ; Treasurer, Dr. Taylor ; Librarian Dr. Thornton.

Gossip.—Prof. Hamilton is at work on a new edition of his work on Fractures and Dislocations.—*The Last Number* of the *American Journal of Medical Sciences* has a very excellent review of Trousseau's Clinical Medicine, by Dr. J. C. Reeve, of Dayton, from which we tried to find a space for some very interesting extracts, but could not ; We are glad to see that Lindsay & Blakiston announce an American edition as forthcoming.—*A wealthy gentleman* of Boston has placed a sum of money in the hands of an architect for erecting a monument in that city to commemorate the discovery of the anæsthetic properties of Ether.—*The January Number* of the St. Louis Medical Journal sends out to its readers a beautiful photograph of Prof. Pope, which will be very acceptable to the many admirers of that distinguished gentleman.—The death of *Col. John O'Fallon* is announced. He was one of the most public spirited men of St. Louis. Through his munificence was erected the edifice of the St Louis Medical College, and other public and private charities marked his career. He was aged 75.—*Maximilian* has founded a Medical School in Mexico, which requires seven years to complete the course of studies ; about two hundred students have been in attendance, but unless the Imperial Dynasty has better fortune than some of its preceding Governments, the founder of both Empire and School will scarcely have the honor of attending its first Commencement Exercises.

Honors to Medical Men.—We have heretofore announced that

Prof. James Y. Simpson, of Edinburg, has been made a Baronet. The Queen of England has further seen fit to bestow the same distinction upon William Ferguson, the eminent Surgeon of London, and Dr. Dominick Corrigan, one of the first physicians of Dublin.

Optical and Philosophical Instruments.—Any of our readers desirous of articles in this line will find a new establishment at No. 134 West Fourth Street, where they will do well to examine especially a fine stock of microscopes.

The Anatomical Drawings of Leonardo da Vinci, it is known, have been amongst the treasures of the Royal Library at Windsor Castle. It is now proposed to reproduce these wonderful drawings in *fac simile* by a process of photo-lithography. The series will consist of about two hundred and fifty plates in folio, with the M.S. text in full, printed in English and French. It will be issued in twenty parts, the publication commencing early in 1866. Each part will be sold at one guinea. Subscriptions in this country to this rare work, will be received by J. B. Lippincott & Co., Philadelphia.

Summer School of Medicine.—This organization is now at work in its regular course of instruction, and we are gratified to announce that a fine and attentive class is in attendance.

American Medical Association ; Prizes for 1866 ; Two of \$100 each.

I. All communications with motto attached, and name with motto in sealed envelope, must be sent to the Chairman of the Committee, Dr. Austin Flint, 257 Fourth Avenue, New York City on or before April 15, 1865.

II. If the authorship of an essay is declared to any member of the Committee, said essay shall not be considered in competition for the prizes.

Obituaries.—Died, in Cincinnati, Feb. 27th, 1866, of Typhoid Pneumonia, Mrs. Maria B. Almy, wife of Dr. S. O. Almy.

Died, in Cincinnati, March 3d; Mrs. Adeline F. Wiley, wife of Rev. I. W. Wiley, M.D, editor of the *Ladies' Repository*.

Died, recently, in Edinburgh, Scotland, Dr. James Simpson, son of Prof. James Y. Simpson, a young physician of great promise.

Editorial Abstracts and Selections.

Prepared by W. B. FLETCHER, M.D., Indianapolis, Ind.

SURGICAL.

1. *Fracture of the Spine.*—The following case shows the obscure symptoms which sometimes follow fractures of the body of a vertebra, when the displacement is so small as to cause no deformity. In the lifetime of the patient there was supposed to be some injury to the medulla. Careful examination of the back detected no fracture or deformity.

A man aged 44, was admitted on the 8th of Aug., he had fallen from a three story house, feet downward. He had the usual symptoms of injury to the brain or cord. He died on the 20th.

Post Mortem Examination.—In the chest firm adhesions of both pleura. Liver presented appearances of recent inflammation. Spleen and kidneys congested. Upon removing the abdominal viscera, an abscess was detected on each side of the spinal column, opposite the eleventh and twelfth dorsal vertebra, the twelfth dorsal vertebra was found fractured transversely through the entire thickness of its body, and the fragments very slightly, if at all displaced. The fracture only implicated the body of the vertebra

The membranes of the spinal cord were found matted together by effused lymph, for more than an inch above and below the seat of fracture.—*London Lancet.*

2. *Tumor of the Testis, Containing Fœtal Remains.*—Dr. Van Buren reports a case in which he removed a tumor from the scrotum of a child two years old. Having laid open the mass he found in the centre a bony substance, which upon examination proved to be a fœtal lower jaw bone, in which was four teeth slightly altered from their normal shape, but distinctly recognisable as two incisions, one canine, and the other molar. Both tooth and bone were examined, microscopically, the former showing enamel prisms, and the latter the lacunæ and canaliculi of true bone. Serous membrane, and connective tissue consolidated by inflammation, was also found in the tumor.

This is the eleventh case now on record of this most curious malformation, or monstrosity.

One case however is on record in which the congenital character of the tumor is not made out. "A young man of quality after sexual excitement, felt severe pain in his right testicle, this subsided, and he thought no more of it, till in a few weeks he noticed an enlargement which progressed till the size of a fœtal head of six months, which was then removed and found to contain the somewhat altered remains of a fœtal cranium.

OBSTETRICAL.

3. *A Case of Double Uterus and Vagina*, By Dr. Rabe.—A healthy woman, aged 20, was admitted in May, 1865, into the Town Hospital of Dresden, for blennorrhœa and excoriations of the vulva. She had menstruated since sixteen. The external genitals were normal, but the hymen was wanting. The vagina was double, the lower end of each end being provided with a hymen-like fold of mucous membrane. In the summit of each vagina was a small firm vaginal portion of uterus, each possessing a small transverse os. The uterine sound passed freely into the left os uteri, but only slightly into the right, so that it remained doubtful whether the body of the uterus had two distinct cavities.—*Monatsschrift für Geburtskunde*, Oct., '65.

4. *Transfusion in a Puerperal Woman exhausted by Flooding*.—A woman, aged 40, had flooding from placenta prævia. The colpeurynter was used, and she was delivered on the following day. More blood was lost during and after labor. She was extremely exhausted and anemic; had frequent faintings. Simon Thomas injected two ounces of blood drawn from the husband, when the fest began to congeal. Two hours later the feet got warm, the pulse returned. She rallied more and more and gradually recovered completely. The apparatus used was that of Martin.—SIMON THOMAS in *Vederlandsch, Tydschr. von Geneeskunde*, 1865.

5. *On Puerperal Embolism*—By W. F. Wade, M.D.—The author, after reviewing the views on embolism set forth by Virchow, details the case of a woman, aged 24, who, some days after delivery, became affected with dyspnœa and a sense of impending death. The left thigh and leg were swollen and white. After examination, physical and general, a clot in the pulmonary artery was diagnosed. The patient died after lingering ten days in the same condition. After death, the pulmonary artery was found occupied from its commencement to the third or fourth division by a very dense, firm, whitish clot, similar to that which lines an old aneurysmal sac. This was adherent to the artery all round, and when peeled off left the lining membrane pale, and to all appearance, perfectly healthy. The coagulum was perforated by a small, irregular, tortuous channel. Isolated patches of pneumonia existed, and both were inflamed and contained clots.

Condensed Mortality Statistics of Cincinnati.

From the organization of the Board of Health, Nov. 1st, 1865, to March 1st, inclusive :

DISEASES.	Nov. '65.	Dec. '65.	Jan. '66	Feb. '66	Total.	DISEASES.	Nov. '65.	Dec. '65.	Jan. '66	Feb. '66	Total.
Consumption.	24	32	47	44	147	Inflammation of the Bowels.		3	2	4	9
Pneumonia	10	20	34	32	96	Jaundice	1				1
Pleuritis			2		2	Bilious Colic		1			1
Hemorrhage from the Lungs	2	1	3		6	Dropsy	4	5		6	15
Croup	8	19	16	11	54	Peritonitis	1				1
Diphtheria	8	15	15	19	57	Marasmus		2	2	2	7
Bronchitis	1	4	4	4	13	Premature Birth	5	16	20	7	48
Laryngitis		2		2	4	Child Birth	4	1		1	6
Hydrothorax			1		1	Puerperal Fever		1	1		2
Asphyxia	2	1			3	Puerperal Uremia			1		1
Measles	5	12	26	31	68	Puerperal Con- vulsions			1		1
Scarlatina		4	2	3	9	Uterine Hemorrh'e	1	1			2
Smallpox	3	5	5	8	21	Tumor, Ovarian	1		1		2
Chicken Pox		1			1	Cancer	1	1			2
Erysipelas	1	2	3		6	Abscess			1	1	2
Typhoid Fever	5	11	16	16	48	Scrofula				2	2
Remittent Fever	2	5			7	Hip Joint Disease		1	1	1	3
Congestive Chills			1		1	Intemperance		3	2	2	7
Infl'n of the Brain	8	16	14	17	55	Exposure	1	1			4
Soft'g of the Brain		1	2	2	5	Suppressi'n of Urine				1	1
Hydrocephalus	2		1	2	5	Disease of the Kidneys		1			1
Paralysis		2	5	2	9	Disease of the Heart		5	4	6	15
Convulsions	3	6	11	16	36	Grief			1		1
Apoplexy		2			2	Rheumatic Gout		1			1
Epilepsy		1	5	2	8	Recto-Vaginal Fistula			1		1
Spiral Irritation	1	1	1	1	4	Casualty	2	12	10	8	32
Delirium Tremens		1		1	2	Unknown		12	10	6	28
Collapse		1			1	Cholera Morbus			1		1
Diarrhœa, Acute		2	5	2	9	Cholera Infantum			1		1
Diarrhea Chronic		2	6		12	Old Age	8	2	12	8	30
Dysentery		4	5	1	10						
Hemorrhage from the Bowels					1						
Dyspepsia			1		1						
Infl'n of the Liver	3		6	6	15						

WM. CLENDENIN, M.D., Health Officer.

Business Notices and Acknowledgments.

H. P. THROOP is General Traveling Agent for the *Lancet and Observer*.

Dr. S. B. CONOVER, of Trenton, N. J., is our authorized agent.

ADVERTISEMENTS.

The present number contains a number of new advertising cards, to which we invite the attention of our readers:

CONTENTS OF ADVERTISER.

DRUGS, ETC.

W. J. M. Gordon & Bro.

John Keeshan.

W. E. Crowther & Bro.

H. H. Hill.

Carret & Langenbeck.

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Desirable Locations.

New York Medical Journal

Philadelphia Reporter.

Berkshire Medical College.

Wheeler & Wilson's Sewing Machine.

Clifton House.

Lamb Knitting Machine.

NEW BOOKS.

Flint—Principles and Practice of Medicine. From Henry C. Lea, Publisher.

Roberts—Urinary and Renal Diseases. By the same Publisher.

Annual Report of the Surgeon-General of the United States Army for 1865.

Annual Report of the Surgeon-General of Ohio for the year 1865.
(From the Author.)

Fourteenth Annual Report of the Surgeon of the New York Ophthalmic Hospital, for the year 1865. (From Hon. A. Y. Stewart, General Assembly of New York.)

Sixth Report of Longview Asylum, 1865. From Dr. O. M. Langdon, Superintendent.

Eleventh Report of Southern Ohio Lunatic Asylum, 1865. From Hon. Wm. Stanton.

Second Report of West Virginia Hospital for the Insane, R. Hills, M.D., Superintendent.

An Essay on the Law of Muscular Motion.—By Louis Mackall, M.D.

On the Life in Nature " " " "

On Physical Force, " " " "

(All from the Author.)

Catalogue of the Officers and Students of the University of Michigan, 1866.

LITERARY PERIODICALS.

The magazines for April are already promptly on our table.

The Atlantic Monthly for April has a further instalment of "Doctor Johns" with the usual variety of excellent articles. Monthly, by Ticknor & Fields, Boston. \$4.00.

Our Young Folks is passing along in its second year with evident prosperity. It is certainly one of the best illustrated magazines for youth we have ever known. By the same publishing house for \$2.00 a year.

Every Saturday is a new "Boston Notion" that seems steadily working its way into popular esteem. It issues weekly at \$5.00 a year, and gives readable reprints of English magazines.

Godey's Lady's Book for April keeps up to its old established standard as the best ladies' magazine any where published. Price \$3.00 a year.

Harper's Monthly has a fine table of contents for April. The abundant illustrations continue to be a prominent feature; while the Editor's Table has a never ending supply of humorous stories to while away a spare hour. Price \$4.00.

THE
CINCINNATI LANCET AND OBSERVER,

CONDUCTED BY

E. B. STEVENS, M.D., AND J. A. MURPHY, M.D.

Vol. VIII.

MAY, 1865.

No. 5.

Original Communications.

ARTICLE I.

An Epidemic of Typhoid, Typhus and Spotted Fever,

With Remarks upon their Community of Origin and Identity of General Character.

BY T. J. PEARCE, M.D., MECHANICSBURG, O.

DURING the past summer and fall, our community enjoyed a remarkable immunity from all varieties of fevers, scarcely a case of well-marked typhoid fever occurring in the entire neighborhood. In the month of October, however, a soldier returned to his home in our town sick of typhoid fever. His case was well defined, of the enteric form, and confined him to his bed and room some six weeks.

Before he had fairly recovered, his mother, a healthy woman, about forty years of age, was taken down with the same variety of disease, next a younger brother, and in quick succession other members of the family were attacked, and, finally, five of the same family were sick of typhoid fever within a few weeks from the recovery of the first case,—none escaping but the father, a remarkably stout, healthy man.

From this point of beginning, the disease spread to other families until the majority of the dwellings in that part of the village contained one or more cases of typhoid fever. Gradually it extended to other more distant neighborhoods in town and country, and finally, this was our prevailing form of disease until in the following February, when it merged into, or gave place to several cases of the alarming disease known as Spotted Fever, which at the present writing, March 23d, has I

believe subsided, leaving our community again reasonably free from disease.

The disease, from its commencement to its close, selected its subjects alike from all classes of society. Ease and opulence gave no more immunity than squalor and poverty. The only preference it seemed to manifest was for women and children, there being very few adult males affected at any part of the season.

The cases arranged themselves into three varieties, appearing to my mind at least, but separate links of the same chain of disease. First we had the well defined typhoid fever of the enteric variety, next the well marked typhus, and third, the spotted fever, which last form seemed but a rapid evolution of typhoid or typhus, produced by the same *materies morbi*, but of greater virulence or larger amount, and influenced in its manifestation by constitutional and predisposing differences. These different varieties were attended with all grades of intensity, from the mildest grade of typhoid fever, in which the patient was scarcely sick enough to take his bed, to the gravest form of the same variety, in which the small and rapid pulse, the tympanitic abdomen, the frequent and involuntary alvine discharges attested the severity of the disease. The well marked cases of typhus were few in number, compared with the first variety, but the same difference in intensity was manifested, and so of the last most fearful form, spotted fever. Like the cases of typhus, this last variety afforded us but few cases compared with the first, but it showed the same difference in grade. In some cases the patient complaining of but little more than loss of appetite, with pain in back portion of head and neck, with general soreness and uneasiness of body. In others again the disease would be ushered in with the usual chill, the surface soon becoming covered with petechial spots, and the organic nervous centres becoming so severely shocked by the specific cause that death would come to the little sufferer's relief before it had passed many hours or days in this alarming condition.

I will give an outline description of a case of typhus which came under my notice in the month of January, evidencing,

as I think, the difference in variety between it and the typhoid form, and also showing their community of origin.

Mrs. T., aged 60, of thin, spare form of body; had just got through nursing the second case of well marked typhoid fever in her own family. For several days previous to my first visit she had been complaining of great indisposition to bodily exertion, head and back ache, with loss of appetite and occasional nausea. Some twelve hours previous to my visit, she had a distinct chill, and now was in a moderate arterial reaction, pulse about 110, not full and compressible; tongue covered with a dirty-whitish coat, and inclined to dryness, increased head and back ache, bowels costive, mental obtuseness, eyes slightly injected, some soreness of throat. After the elapse of a few days, the foregoing symptoms had deepened into a graver grade. Patient exceedingly feeble, with a sense of extreme prostration, skin of a dusky hue, pulse 120 and feeble, tongue brown and dry, with a tremulous movement on protruding it, bowels only operating on the use of medicine, complains of a buzzing noise in ears and becoming quite hard of hearing. Strong tendency to coma and delirium, petechial spots can be seen here and there over face, neck and breast. And thus patient passed with symptoms becoming worse, extreme prostration, so much so that I feared the rising of her head to adjust her pillow; respiration hurried, pulse small and from 120 to 140, sordes upon teeth and lips, either comatose or delirious, bowels still costive unless acted on by laxatives, and progressing thus until about three weeks from the first attack, when death closed the scene.

This I consider a well marked case of typhus fever. The age of the patient, the absence of bowel troubles, the early giving out of strength, the continued prostration, the predominance of nervous symptoms and the character of the eruption all separate it from the usual typhoid variety. And at the same time, the patient must have contracted it from nursing typhoid patients.

Notwithstanding our authors on this subject generally consider typhoid and typhus *distinct* forms of disease, originating from separate and distinct specific causes, yet I will appeal to

the experience of every practitioner of any number of years of experience, who has passed through epidemics of typhoid fever, and let him answer if he has ever had cases of typhus interspersed through his well marked cases of typhoid or enteric fever?

Besides this, some of the highest authorities of Europe are at present, I see, considering the two diseases as identical.

Prof. Joseph Bell, physician to the Royal Infirmary, Glasgow, gives the result of *fifty-one autopsies* he made of subjects, a part dying of well marked typhus, and the rest of typhoid fever. And from symptoms during life and appearances after death, he considers them but *varieties* of the same disease. And goes so far as to show that in many plain cases of typhus the same *ulcerated* state of intestinal glands are found in some cases of typhus as well as typhoid. Also Armstrong, Bright and Williams, of London, claim the same thing. Dr. Perry, of Glasgow, at the same time advocating the non-identity doctrine, tells us that in three hundred post-mortem examinations of genuine typhus, he found ulceration of Peyer's glands in twenty per cent. of the cases. Drs. Stokes, Huss, Skoda, all testify to the same facts.

The first two cases of spotted fever which made their appearance in our neighborhood were very violent, and both died in some forty-eight hours after the attack. They were brothers, aged respectively twelve and fourteen years. I did not see the cases, but learned from the physician who attended them that their cases manifested all the usual symptoms attributed to bad cases of spotted fever, as it has been witnessed in the different sections where it has prevailed of late. Such as severe pain in the occipital and nuchal regions, extreme soreness and sensitiveness of flesh and skin, dark colored eruption, delirium and great restlessness, with a hurried but feeble pulse, etc.

A few days after the death of these patients, I was called to see a little girl, aged about twelve years, who was taken with a chill, followed by moderate arterial reaction, pulse 120 and of moderate volume, great restlessness, throwing herself from side to side, severe pain in head, neck and back. In three

hours from the time the chill ceased a general efflorescence was thrown out over the whole body, of a measles-like character, which continued some twenty-four hours, becoming of a darker hue as it faded. Paralysis of right arm came on during first twelve hours, and continued some two days and recovered. After some two days of extreme suffering, patient gradually got better, and after an illness, very much like typhoid fever, of some two weeks' duration, she recovered.

Another case which came under my notice of a little girl, about same age as the first, after a period of two or three days of violence, in which the marked pain in head, neck and back, with raving delirium, extreme soreness of body, ecchymosed eruption, etc., were quite prominent, passed into a condition so much like our usual cases of typhus or typhoid fever, that it would have been taken for such and nothing more by one knowing nothing of its early history. Bleeding at nose and partial deafness were very common with our typhoid patients during the winter. These symptoms, particularly the deafness, was very marked and troublesome in this case. The child is having a very tedious convalescence. A low grade of fever, dry tongue, with sordes upon teeth and lips, continued soreness of flesh, great nervousness, almost complete deafness, slight acceleration of pulse at night, are the prominent symptoms which continued some two weeks after the violence of first few days passed over. She is now about the close of her fourth week, and just beginning to sit up.

A well marked case of this form of disease in the case of a man about thirty years of age, has been under treatment by Dr. Clark, of our town, and after several days of alarming symptoms, in which the characteristic occipital and nuchal pain, the petechial eruption, raving delirium, soreness of flesh, etc., were very well defined, he passed into the same train of symptoms common to our typhoid patients,—even the characteristic diarrhoea and tenderness on pressure, so common in typhoid fever, existed in his case.

In summing up these cases from the beginning to the close of our epidemic, I think the following points are apparent:

First, that we have had in the same epidemic well marked

cases of typhoid, typhus and spotted fever; Secondly, that they were all produced by the *same* specific cause, and are but *varieties* of the same disease; and, Thirdly, that it is reasonable to treat them *all* on the same general plan of medication.

As my article is already longer than I intended, I will not stop to argue these propositions or enumerate what I would consider from reading and experience the plan of treatment in detail.

As to the specific cause producing this group of disease, the Profession is agreed, I believe, that it is a blood poison. That the cases are *toxicological* certainly can not be denied. Every symptom tells the story that a poison is circulating in the blood and disturbing the two fundamental properties of living structures—vital affinity and susceptibility. And also that the three classes, typhoid, typhus and spotted fever, being produced by the same morbid agent, are but varieties of the same topic disease, the dissimilarities owing to the *amount* or *virulence* of the poisonous agent, seemed to my mind true.

As to the plan of remedial treatment, it seems reasonable, as well as warranted by the most careful observation, that in all these varieties the two general indications are:

1st. To destroy the blood poison and arrest the septic tendency of the fluids, and,

2nd. Assist in the elimination by keeping the emunctories fully open, especially the skin and kidneys.

The condition of the bowels in typhoid, the great innervation in typhus, and the *cerebro spinal lesion* in spotted fever, as important as they are, we consider but lesions developed in the course of the disease, and must be met as symptoms indicate. And in regard to the different agents used for this purpose, there will be a difference among practitioners.

But in regard to the first *two* indications, destroying the blood poison and securing its elimination, there ought, it occurs to me, be more harmony than there is. These are *uniform* conditions, alike in all cases. What will destroy the poison in *one* case, as a *rule* will in all. And as a rule, what will eliminate in *one* case will in *all*. The *lesions* set up in

the system in the course of the disease are ever varying with the constitutional differences, and must be met accordingly.

From late experiments made with the use of the sulphites of soda and lime in arresting the blood ferment in the eruptive fevers, they have been offered to us as promising success in filling the first indication in the disease under consideration. And so far as I have used the sulphite of soda in spotted fever, I must speak favorably of its use. I did not give it a trial in typhoid or typhus, but from its use in what of spotted fever I have had to treat, I think it promises much in this direction. How far can others speak of its use? or have they any thing by this time better? In my treatment of spotted fever, I relied on sulphite of soda and chlorate of potash for the first indication; on tinct. belladonna and counter irritation to arrest the engorgement of brain and spinal cord, with such use of tinct. cantharides, chlor. tinct. ferri, spts. nit. ether and ol terebinth, as seemed indicated. I was influenced in the use of tinct. belladonna from the result of Brown Sequard's experiments, and also seeing it recommended by Prof. N. S. Davis, of Chicago. And from its effects in my hands, I feel like giving it more extensive use if I should again be called to treat that or similar disease of those structures.

As to the treatment found most beneficial in typhoid fever, I have heretofore contented myself with the ordinary course of treatment in conducting the disease to a favorable termination, but most ardently hope the day will come when we can administer remedies with confidence that they will so operate on the poison of the blood as to destroy its power and cut the disease short.

ARTICLE II.

Periostitis with Fatty Degeneration.—Death.

BY D. W. FLORA, M.D., A. A. SURG., U.S.A.,
Madison United States General Hospital, Madison, Indiana.

SAMUEL ROBINSON, (æt. 22 years, of nervous-sanguine temperament,) a private of Company C. Fifteenth Penn. Cav., was admitted to Madison U. S. General Hospital, Dec. 1st, 1864.

This soldier stated that he had been with Gen. Burbridge on his recent campaign through East Tennessee, Kentucky and Western Virginia, and that he had ridden fifteen hundred miles, being out of the saddle during the whole time only sufficient to procure a little food and sleep. The skin presented a peculiar waxy appearance and of a lemon hue, indicating cachexia.

The right knee was much swollen and exceedingly painful, and was pronounced "acute arthritic rheumatism."

The following discutient lotion was applied: \mathcal{R} Mur. Ammonia, $\mathfrak{z}\text{j}$.; Alcohol, $\mathfrak{z}\text{viij}$. M. ft. lotio. and Tinct. Iodine, once a day.

Constitutional Treatment.— \mathcal{R} Iodide Potass., $\mathfrak{z}\text{ij}$.; Fl. Ex. Gent., $\mathfrak{z}\text{vi}$; Syr. Simp., $\mathfrak{z}\text{ij}$. M. S. Coch. Mag. ter-in dies.

Dec. 10th.—Under the above treatment, the swelling at the knee joint rapidly subsided, revealing a *node* upon the anterior and inner side of the tibia, two inches from the knee joint.

Jan. 1st, 1865.—At this time the patient, for the first time, alluded to the circumstance of his canteen thumping his "shin-bone," and his frequently removing it, as the spot became tender. This we think could only act as the *exciting* cause, as the sequel will show.

The pain in the limb at this time was exceedingly severe, at times almost insupportable. Was ordered sul. morphia, grs. $\frac{1}{8}$ at bed time.

Jan. 4th.—The swelling and pain increasing, it was decided to cut down upon the periosteum in order to relieve the pressure upon the soft parts, and remove the diseased portion, if possible. Accordingly, a free incision, three inches long, was made while the patient was under the influence of chloroform. The tissues above the periosteum were hypertrophied and highly vascular, a dense fibro-cellular growth covered the *node*. The periosteum at this place was thickened to the extent of $\frac{3}{4}$ inches, and was infiltrated with bone corpuscles and amorphous salts of lime. This mass was removed to the extent of four square inches, which left the tibia dry and dead. A dressing of dry lint was applied, the wound was left open, and free suppuration was invited.

It should be stated that while the patient has been an inmate of this hospital his diet has been of the most nutritious kind, as beef-steaks, eggs, and porter.

Jan. 6th.—The wound has a decidedly unhealthy aspect, and fungoid growths appear springing from the diseased portions of periosteum. \mathcal{R} Hydr. Bi-Chlor. \mathfrak{eij} .; Aquae, \mathfrak{zj} . M. S: apply three times a day.

Jan. 8th.—The fungoid granulations multiply very rapidly the discharge from the wound is profuse, exceedingly offensive, and indicates rapid destruction of osseous tissue.

Jan. 9th.— \mathcal{R} Nitras Arg. fusus, ter in dies and dressings of lint, saturated with aquæ chlorinæ. \mathcal{R} Morphia, grs. $\frac{1}{4}$ at bed time. Pulse rapid, (100 per minute,) and small. Tongue, brown and glazed in the centre. Appetite poor. Has occasional attacks of diarrhœa.

Jan. 13th.—It is impossible to destroy the fungoid growths even by the application of pure nitric acid. The tibia gives evidence of being largely involved in the destructive process going on.

Upon consultation, it was decided to cut down and remove the diseased structure, if possible, and if not, to amputate above the knee. While the patient was under the influence of chloroform, the fungus growths were removed by the knife, and more than one-half of the shaft of the tibia, for the space of two and a half inches, was removed by the bone gouge forceps. Pure nitric acid was applied to the wound, which was filled with lint and left patent as before. The head of the tibia was much *necrosed*, and amputation would have been performed, but the patient had already been under the influence of chloroform one hour and was much exhausted. \mathcal{R} Brandy, \mathfrak{zij} ; Morphia, grs. $\frac{1}{2}$. S: give at once.

Jan. 16th.—Continued diet, as beef-steak, eggs and oysters. \mathcal{R} Porter, one bottle each day.

Jan. 18th.—Fungus growths springing up rapidly, not only from the periosteum, but from the cancellated portion of the tibia. Constitutional symptoms somewhat improved.

Jan. 23d.—The rapidity with which these cells are produced give evidence of their *malignant character*. Amputation

was decided upon, and the circular operation was performed at the lower third of the thigh by Assist.-Surg. Thorpe, U.S.V.

The cancellated portion of the tibia was much diseased and the articular surfaces were involved to some extent. The fungoid growth under the microscope presented little else than *fat cells*. During the night following the amputation, pretty free hæmorrhage occurred from the profunda artery, which had been pierced by the tenaculum *above the point of ligation*,

It is the opinion of A. A. Surgeon Fry, who re-ligated the artery that about 3XXX of blood were lost before he reached the patient.

Jan. 24th.—Patient greatly exhausted. Has anorexia, and nausea. The stump is exceedingly irritable, the extensor muscles contracting keep the stump obstinately elevated. R Egg nogg and milk punch freely. R Morphia grs. $\frac{1}{2}$ at bed time.

Jan. 26th.—Stump flabby and pale. R Apply spirits of turpentine as dressing.

Jan. 28th.—Granulations appearing and a profuse discharge of pus of a sea-green color. Continued medicine and diet as before.

Jan. 30th.—Cadet Reel, U.S.A., while dressing the stump, called attention to a peculiar button-shaped excrescence growing from the medullary portion of the femur. Examination revealed the existence of the same fungoid growths from the periosteum as before.

Feb. 2d.—R Apply aq. chlor. as before. The flaps were approximated by adhesive plaster.

Feb. 4th.—Suppuration is profuse and the growths exuberant.

Feb. 6th.—Patient attacked this morning by a severe chill. There was very little febrile reaction, and the body for the next twenty-four hours was bathed in a profuse cold sweat. R Brandy 3j every hour. R Sul. Quinine grs. ij. every two hours.

Feb. 8th.—Patient seems to have rallied a little, but is still much exhausted. Continued brandy, quinine and nutritious diet.

Feb. 11th.—The appearance of the stump, if taken alone,

might be regarded more favorably, but it is evident that the patient is rapidly sinking.

Feb. 13th.—Patient *died* at 11 A. M.

By permission of the relatives of the deceased who were present, the appearance and condition of the *stump* were ascertained. The periosteum was thickened to the extent of three and a quarter inches, and the growths from its surface were identical with those formerly described. This diseased periosteum was easily detached from the bone, which was left in ridges on the surface, apparently from new deposits.

The medullary portion of the femur under the microscope, presented but little variation from the rest of these growths. They *all* contained abundance of *fat cells* and the amorphous salts of lime. A few "bone corpuscles" or cells were also detected, but they were isolated and scattered through the mass.

The question will be asked, "Was the above a case of malignant growth?"

Virchow divides all growths into *Homologous* and *Heterologous*, and gives his opinion that the *latter* alone are malignant in the common acceptance of the term. Again, the *heterologous* ones he divides into the *dry* and the *succulent*. The former he considers comparatively harmless, while the latter, on account of their exceedingly rapid growth, speedily reach a fatal termination.

The foregoing case, in my opinion, eminently justifies the theory of the above eminent Pathologist.

Again, it may be asked, Did the patient in this case die from a purely local cause, that is, the excessive and perverted growth from the parts implicated in an original injury? Or, rather, does it not point to a malignant or cancerous diathesis?

The *cachectic* appearance and condition of the patient when admitted, as well as the reappearance of the disease in the periosteal tissue after amputation above the knee joint, favor strongly the latter view.

The author before quoted, (*Virchow*), teaches that *all* growths are from the tissues among which they are found, and are produced by the *multiplication of cells*, a certain kind of

irritation being necessary to excite the reproduction of these cells. His theory will account for the *first* appearance of the growth on the site of the injury, but how for the *second*, in an apparently healthy portion of the limb, and at a considerable distance from the first, an articulation also intervening?

ARTICLE III.

Amputation of Left Arm at the Shoulder Joint, and Resection of the Head of the Right Humerus.

BY WM. B. MCGAVRAN, M.D.,

Late Surgeon of the Twenty-Sixth O.V.I., Camp Douglas U. S. Gen. Hospital, Chicago, Ill.

JONAH BUCHY, private, Co. H. Thirty-Ninth Illinois, received a gunshot wound of left arm, lower third, at Bermuda Hundred, Va., June 2d, 1864, which resulted in its amputation, middle third, the same day. He fell under my care at U.S.A. General Hospital, Camp Douglas, Chicago, Ill., about the first of January last, the stump presenting all the appearances of necrosis. His health being poor, I delayed operating until January 17th, at which time I had him placed under the influence of chloroform, and assisted by Surgeons Resley, Langdon and Buckingham, (all from Ohio,) I proceeded to the examination of the stump by making an incision some four inches in length, down to the bone. I found I could detach the tissues readily from the bone with my finger, and that the disease extended to the joint. I thereupon proceeded to remove the stump at the joint. The operation was performed with but little difficulty, the usual flap was made, parts brought together by sutures, the usual dressing applied, patient placed in bed, morphia $\frac{1}{2}$ gr. administered.

For four days the patient was quite feeble, resulting from loss of blood at the time of operation and succeeding hæmorrhage; but under judicious treatment and nursing, he began to improve, wound united by the first intention at its posterior edge, all the ligatures came away by the eighteenth day, and on the 16th of March, he was discharged from the service, the wound having healed up and his general health quite good.

Upon examination of the bone, it was found that the entire

shaft composed the sequestrum to the extent of five and a half inches, that the new bone deposit measured five inches in circumference, that the head of the bone could be broken up between the thumb and finger like a cracked egg shell. The glenoid cavity was healthy.

George Ryckman, private, Co. I, Thirty-Fifth Indiana Vet. Vols., received a gunshot wound of the right shoulder joint, June 20, 1864, at Kenesaw Mountain, Ga. When he first came under my care in this (Camp Douglas Hospital,) his health was quite poor, considerable of discharge issuing from the sinuses, one anterior, the other posterior to the joint. Upon introducing the probe, it was found that it came in contact with dead bone.

On the 11th of March, assisted by the surgeons mentioned above, I had him placed under the influence of chloroform, and proceeded to make an incision through the posterior sinuses, along the edge of the deltoid down to near its insertion, (and upon examination of the bone,) I continued my incision up to the joint again, making a V flap. Upon raising it, I found the head of the bone detached from the shaft, and in three pieces, the ball having passed through the bone between the tuberosities and the head. I removed the pieces with the forceps, and sawed off about two and a half inches of the bone. But little hæmorrhage took place, but through the anxiety of the gentleman having charge of the chloroform, to see the operation, I came near losing my patient by the anæsthetic. The flap was brought down and united by sutures, usual dressings applied, patient placed in bed, morphia, gr. ss. administered.

Owing to the shock of the operation and the excessive amount of chloroform taken, my patient was quite prostrated for four days, but at the end of that time he began to recover by suitable treatment, and on March 20th, he was walking around camp, wound united by the first intention, all but the original sinuses, but little swelling of joint, and now, April 4th, the case is almost ready for discharge from the service.

In these two cases, together with others of like nature, I have been surprised to see how much more kindly wounds

heal up in the superior extremities to what they do in the inferior, and in this last case what an improvement has been made in the art of surgery during the past few years, particularly since this war has taken place. This man will have a useful arm. A few years ago, it would have met the fate of my first case. Surgeons should conscientiously perform their duties to our brave soldiers, and not let their anxiety to operate on a poor wounded man get the better of their enlightened judgment. I would also warn operators to place a trusty man in charge of his anæsthetic. Whilst chloroform may be made a blessing to suffering humanity, yet it is not devoid of danger. Several cases of death are reported from its use in the February number of the *Lancet and Observer*.

Medical Societies.

Proceedings of the Dennison Medical Society.

Reported by A. S. STEVENS, A. t. Assist Surg, U.S.A.

DENNISON U.S.A. GENERAL HOSPITAL, }
TUESDAY NIGHT, Jan. 17, 1865. }

ACCORDING to previous notice, a meeting was held at the headquarters of this hospital, attended by a majority of the surgeons on duty at Camp Dennison. Dr. Cheney was called to the chair, and Dr. Stevens appointed Secretary.

Surgeon Grube stated the object of the meeting to be to organize a Society, including the medical men at Camp Dennison, for mutual improvement by the discussion of medical topics. He thought it unnecessary to adopt a formal Constitution, but would offer two resolutions for our guidance.

The first resolution was that the Society hold a meeting every Tuesday night, at 7 o'clock, at this place. The resolution was adopted. Second, That the Society elect a President and Secretary at the end of each month.

The resolution was amended by declaring said officers ineligible to re-election at a succeeding term, and thus amended, passed.

On motion of Dr. Temple, it was resolved that some member be appointed to read an essay upon some medical subject at each meeting.

On motion of Surgeon McDermont, the appointment of essayist for the next meeting was suspended, and in place thereof the subject of Erysipelas, was selected for general discussion.

Hospital Gangrene.—Surgeon Grube then desired the Surgeon in charge of the Twelfth to state if he had employed permanganate of potash in the local treatment of Hospital Gangrene, and with what results.

Dr. Highland replied that he had employed it, but not alone; that his cases were severe, requiring him to employ tried remedies, and that he was unable to state what effect had been produced by permanganate of potash.

Dr. Grube then stated his conviction that the article in question was not an irritant so far as he knew, but was unexcelled as a deodorizer, while it has no odor of its own.

Dr. McDermont then stated that after considerable observation, he had found the permanganate of potash one of the best applications in Hospital Gangrene, and uncombined with other remedies. He stated further that where it failed it was usually owing to neglect of preparatory treatment, which consisted in carefully removing all the sloughing tissue, and thoroughly cleansing the parts affected.

Dr. Cline then stated that he had found carbolic acid an excellent application in Hospital Gangrene; that he preferred it to Labarraque's Solution.

Chronic Diarrhœa—Bromine.—Dr. Chapman was then desired by Dr. Grube to inform the Society what had been his experience with the bromine treatment in Chronic Diarrhœa.

Dr. Chapman replied that he had tested the treatment to a considerable extent, and that in the main he had been disappointed with the results; yet in a number of instances, it had acted very happily. He had not fully determined the peculiarities of the cases that were benefited. He was still investigating the subject. The mode in which he administered bromine was: ℞ Bromine, gutt vi; Bromine Potassium

gr. xv; Aqua, 3j. M. A teaspoonful was given every three hours.

January 21st, 1865.

The subject of Erysipelas was brought before the house.

Dr. Grube said that Erysipelas is a disease worthy of special consideration; that it is not an inflammation or sthenic disorder; that there is depression of the vital powers; that it arises from cold more frequently than other causes which depresses the part it attacks; that soldiers in camp are liable to be affected, because they lead a lazy, indolent life, and do not observe cleanliness. With regard to treatment, said that he used tinct. of iron in doses of from ten to fifteen drops two or three times a day, with stimulants, etc.; believed malt liquors to be better than medicine in many cases, because patients, especially soldiers, would drink ale when they would throw quinia away.

Dr. McDermont said that he endorsed all that the gentleman had said in regard to the nature of the mortality in different localities, because physicians in certain places did not appreciate the fact that to support the vital powers is necessary in all cases. Said that some claim that Erysipelas is of two kinds, but that he regarded it as one disease, no matter how surgeons might divide it; that there is a predisposing and exciting cause of the disease, and that the Pathology to him is involved in mystery. With regard to the cause, said that emanations from wounds and the bad atmosphere of close tents in winter frequently gave rise to the disease; that he had not seen it prevail out doors, or in tents in summer, because at that season the tents are kept open. With regard to treatment, said that he combined hygienic measures with tonics and stimulants.

Dr. Wade said that he had found benefit from an emetic when there is much biliary derangement, that he considered much brain disease a contra-indication to the use of tinct. of iron, and that in the phlegmonous variety considered lancing of benefit? Inquired of *Dr. McDermont* what local applications he used. To which the Major replied that he did not

place much stress on local applications, but that he had more faith in collodion than any other remedy.

Dr. Temple, in the course of his remarks, said that he used tonics with anodynes in the form of Dover's powder, and that he had not seen a case limited with iodine or argenti nitras.

Dr. Highland said that he believed there is not such a thing as metastasis.

The subject of Rheumatism was selected for discussion at the next meeting.

January 31st, 1865.

Rheumatism being the subject for discussion, Major McDermont proceeded to express his views that it being a very common disease, was consequently of great interest; that it is grave, important and painful; that one-third of acute cases result in affections of the heart; a constitutional disease depending on depraved condition of the fluids, particularly lactic acid in the blood, that there is preceding derangement of digestive organs; acid in the stomach a necessary condition.

Dampness and Cold not the Causes of this Disease.—*Dr. McDermont* proposed as the treatment generally indicated cathartics in the beginning, and alkalies to evacuate and neutralize the poison, which should be followed through the system by nit. acet. or chlorate of potash. Upon this plan, he considered six weeks unnecessary, but that it would usually yield in six days. He also said that it would be proper to give nit. potash in large doses, irritation of the mucous membrane being guarded against by proper menstruum.

Dr. Chapman complained of frequent obstinacy of the disease under any treatment, and gave the history of a case which had resisted treatment.

Dr. Temple regards it as an opprobrium medicorum; thinks the pathology not absolutely known; concurs in the views laid down that lactic acid is superabundant; does not consider it a prime condition. It presents a great number of varieties, as it affects the muscular, fibrous, tendinous, or nervous structures. It is also modified by temperaments. The treatment varies accordingly. In the sanguine temperament, he usually

gives alkalies and colchicum combined with opium and quinine, preceded by purgatives. He thinks ten or twelve days the ordinary duration. In another temperament he would administer alkalies, corrected by bitter tonics. Bicarb. potassa defibrinates the blood; quinine is a very important remedy. Guaicum is often useful in chronic rheumatism, but is liable to the objection that it impairs digestion.

Dr. Wade thinks that uric acid is characteristic of the disease, not the lactic. Gives the acet. potass., combined with the nitrate. Thinks it important to keep in view the various tissues affected, alluded to gonorrheal rheumatism.

Dr. Grube thinks the presence of uric acid characteristic of rheumatism, and suggests that acute rheumatism is characterized by excess of uric acid, while another combination of urea gives rise to chronic rheumatism. Both conditions indicate alkaline remedies; at least it is a fashionable treatment. He thinks sudden changes of temperature among the causes, and impurities in the atmosphere. The latter cause operates by preventing the due elimination of uric acid. While different tissues are affected and different symptoms, a different treatment is not necessarily called for, the cause being uniform. He thought from his experience in a single case, that propylamin had proved beneficial. Various members being interrogated, no confidence was expressed in the latter remedy.

Dr. McDermont insists that lactic acid is the cause of the disease. That different constitutions require a different prognosis and treatment. Thinks that the warm bath has not been sufficiently appreciated. Relates that he had visited the Wies Baden Springs, and had observed many persons benefited by the warm waters.

Dr. Cheney prefers the alkaline treatment, and colchicum. Had formerly used colchicum and antimony in combination. Thinks that colchicum is most beneficial when producing sensible effects.

Dr. Wade recommended in metastasis to heart, blistering, calomel and opium.

Typhoid Fever was selected as the subject for next discussion.

February 7th, 1865.

There was a short reconsideration of topics discussed at the previous meeting, when the regular subject for the evening was taken up by Dr. Kay.

Typhoid Fever.—Though he understood it was to be considered in connection with Typhus, as it was rarely or never met with among us, he would confine his remarks to Typhoid Fever. It is an adynamic disease, affecting the nervous system and the circulation, and has peculiar abdominal manifestations. As to treatment: In the beginning, he would generally give a mild purgative, as blue mass. He would give such diaphoretics as spts. mindereri, spts. nit. ether, etc. As it is adynamic, he would resort to tonics, and direct stimulants at the proper time. He mentioned antiseptics, as chlor. potass. Turpentine meets certain symptoms. He would guard against an active treatment, as the tendency is to get well.

Dr. Casebeer said that different names were often applied to disease, where there only existed different varieties. Considered Typhoid Fever due to malarious poison; that it is often epidemic, and is essential or idiopathic; that it affects more especially the fluids; and that it is liable to expend its force in different directions, upon the head, chest, or bowels. He alluded to certain enteric symptoms, especially the affection of Peyer's glands, as characteristic. A fatal termination is usually due to complications, and even then Typhoid Fever should be considered the true cause. As to treatment: He thought quinine useful, as tending to neutralize the poison, but it would not cure the disease. The nervous symptoms abate after the secretions are aroused. The next indication is to support the system. A relaxed condition of the bowels comes on at different periods. He thought turpentine very useful in certain conditions. It is diuretic, and a stimulant, and improves the ulcerated condition of the intestines. He also recommended stimulants.

Dr. Grube said the subject was of peculiar interest to military surgeons, that the disease is very prevalent in camps. He thought the disease was more appropriately styled enteric fever, that the typhoid condition is not peculiar to the disease

under consideration, but he would not insist upon a name. We have no adynamic condition, and stimulants are required. There is no universal torpidity of the secretions, and no common indication for mercurials. He would not generally use mercury. It may be indicated in some cases. He thought from the autopsies he had witnessed that there was much correspondence with chronic diarrhœa.

In the latter disease the iliocecal valve is more prominently affected. Peyer's glands are often involved, but the inflamed spots increase in size, color, and importance, as they descend to the ileo-cæcal valve. In typhoid fever, there is more universally inflammation about Peyer's glands. He thought there was much similarity in the two diseases. As to treatment, he thought hygiene, and not drugs, were called for. In support of these views, he mentioned his regimental experience, where he had known the fatality of the disease to rapidly diminish after enforcing regular bathing in the regiment.

In reference to diagnosis, he spoke of a peculiar dullness and semi-stupor in the patient, a characteristic pulse, about 90 or 95, regular, but weak, and softens as the disease progresses. He alluded to the rose-colored spots, considered pathognomonic by many. In reply to inquiry by Dr. Temple, he stated that he did not consider the spots a pathognomonic symptom, as taught by Dr. Wood. He stated farther that the tongue is always more or less coated, the coating irregular in grave cases, tongue often cracked or fissured. Typhoid fever is distinguished from chronic diarrhœa by the rose-colored spots and shorter duration, from miasmatic fever by being continued. Dr. Cheney inquired if the discharges were characteristic. He thought not.

Dr. Temple said the disease does not tolerate depletants or purgatives; that it has a specific duration, and can not be broken up by depletants, nor quinine; that he had not met with the disease very frequently, and thought physicians were often mistaken about the diagnosis; that the liver was a very decent organ, generally performing its functions very well, more sinned against than sinning; not inclined to stir it up. He would restrain the diarrhœa; thinks quinine very useful,

and applauds the emulsion turpentine, prescribed it invariably in a certain stage. Great advantage from hygiene, and the system was to be supported by beef-tea, porter, etc.

Dr. Highland thinks that the disease is not so often met with as many imagine; that the diagnosis is often mistaken or false; that he lives in a malarious region, and there is none of the disease in that region. He founds the diagnosis upon the rose-colored spots and enteric symptoms. Believes it conditionally contagious, that condition a confined atmosphere about the patient.

This being the evening for monthly election of officers, *Dr. Chapman* was elected President, and *Dr. Stevens* re-elected Secretary for the ensuing month.

The resolution making the Secretary ineligible was suspended

Typhoid Fever was continued as the subject of discussion for the next meeting.

February 14th, 1865.

Dr. Chapman in the chair.

Dr. Stevens said we were all substantially agreed as to treatment of Typhoid Fever, and it might be considered a matter pretty well settled at this time. On the other hand, there is considerable variety of sentiment as to the true diagnosis, and the relation the disease under consideration has to other diseases, and he wished to call the attention of the Society to this part of the subject. He would make such reflections as occurred to him, principally from his own observation. Some suppose that the ordinary malarious fever of this country is often confounded with Typhoid Fever, and he had seen it contended in medical journals that there was no real difference. Within his own recollection, a form of disease had occurred, which was popularly considered new, and unusual in this part of the country, and he had been informed by old practitioners that this was a different kind of fever, superseding the autumnal fevers which had formerly been so prevalent. He had seen Typhoid Fever assume a form so remitting at the commencement as to make it difficult or impossible for a week or n days to determine whether it was essentially remittent or

continued. The malarious fever yields in a week or fortnight. Typhoid Fever has a specific duration, is self limited, and continues from four to six weeks, without regard to the mildness or severity of attack. In fact, there were walking cases of Typhoid Fever which were as tedious, or more so, than any. On the other hand, he had seen cases, mingled with ordinary cases so malignant, attended with such rapid prostration, subsultus tendinum, swelling of parotid and submaxillary glands, petechia, colliquative diarrhoea, and tendency to gangrene, as to convince him that they were identical with the Typhus described by authors. In this opinion he was supported by the authority of Dr. Watson. He thought Dr. Watson's continued fever the best description met with of our Typhoid Fever. With Dr. Watson he thinks the disease contagious, though not so actively as variola any many other diseases.

Dr. Williams said that he had witnessed the disease where it prevailed extensively in two different districts. First in North-Western Pennsylvania, characterized by diarrhoea, delirium, and subsultus often in the commencement, a peculiar dry tongue, often cleaning, but remaining glossy. There were various congestions, with tendency to shift. The third week was critical, generally at the end of the week tendency to improve or the contrary. He regarded cleanliness, especially of linen about the patient, of great importance. In his first experience he used mercury, but soon almost entirely abandoned it in Typhoid Fever. It was injurious. Relied much upon supporting treatment. Thought turpentine and stupes useful for the abdominal symptoms; thought strychnia very useful in subsultus; gave ten drops of Hall's solution every three or four hours.

In Bellefontaine, Logan Co., the disease prevailed much in the same form. It was not a malarious region. Quinine useful in malarious regions. The disease is not more remittent in malarious districts. He found swelling of the parotid glands a dangerous symptom. He also observed that in Typhoid Fever the skin was often bathed in perspiration without any mitigation of the fever; but the skin continuing rough and the pulse more excited than before.

Dr. Sale said he thought there was less disturbance of the intestines when the cerebral symptoms are marked. Condition of the tongue a peculiarity; does not believe in drugging; would support the system. Nine cases in ten will recover. Would sometimes give wine or brandy, and opium was necessary in some cases. Chlor. Potass. was useful when there was dry, furred tongue; does not think the disease contagious, may be infectious. It has a specific duration, and can not be cut short.

Major McDermont said he thought that chlor. potass. was a very useful remedy, not sufficiently estimated not only in Typhoid Fever, but other diseases. He said it was a fact worth considering among army surgeons, that we were limited to the army supply, and that articles were furnished in limited and relative quantities. That the authorities had well weighed these proportions, and we could not well vary without some good reason. The supply of the chlorate is large. Having travelled in Europe, he had opportunities of seeing Typhus fever, thinks typhus or typhoid essentially different, occurring in different districts, not intermingled. It prevails differently, very fatal as it occurs in Ireland, and contagious. It spreading in ships not a proof of contagion, but owing to similarity of condition in patients. Typhoid fever may and does occur when there is no error in hygiene, typhus much depending upon filth and impure atmosphere. He also stated that though *Dr. Watson* had formerly contended for the identity of typhus and typhoid fever, he had latterly been converted, and acknowledged their distinct characters. In typhus, the nervous symptoms predominate; in typhoid the enteric, but this is not to be relied upon as diagnostic. In typhus, nervous symptoms as delirium, subsultus are more uniform in their occurrence, and come on earlier. There is also a peculiar very vitiated condition of the blood. He would be much governed in his diagnosis by the district of country where the disease was found. Had never seen typhoid fever in this Western country.

Upon motion of *Dr. Grube*, *Ventilation of a Sick Room* was chosen as the subject of deliberation at next meeting.

Proceedings of the Cincinnati Academy of Medicine.

Reported by C. P. WILSON, M.D., Secretary.

HALL OF ACADEMY OF MEDICINE, }
MONDAY EVENING, March 20, 1865. }

Scabies—Prurigo.—[We give a portion of the final remarks on the discussion of the general cutaneous epidemic prevailing throughout a large portion of this section of country; but have not room for a complete and full report of all the remarks, as furnished by the Secretary.]

Dr. Thornton remarked as follows: Scabies is a disease of very ancient date. It was known to the Greeks, Romans and Arabians. That it was caused by the presence of a parasite animalcule belonging to the family of the Achari, was also known to the ancients. Notwithstanding this, it was but very imperfectly known to the scientific world until modern times. A German physician, *Wichman*, became acquainted with the insect in the latter part of the last century, and *Dr. Adams*, who had spent some time in the island of *Madeira*, first made the English physicians acquainted with the fact that Scabies was caused by an animalcule in the year 1805. *M. Gates*, an apothecary, at *L'Hopital Saint Louis*, in the year 1812, played a ruse on the Parisian savants that was truly surprising. A reward was offered to any person who would demonstrate the existence of the *acarus* as the cause of itch. He professed to have made the discovery, exhibited the insect, and was crowned with a medal by the Institute of France. Upon more careful examination afterwards, it was found to be identical with the mite sometimes found in flour. The medical public of Paris became disgusted with the trick played upon them, and entirely repudiated the existence of any such insect as the cause of the disease. In the year 1834, in the Clinic of *Alibert*, at *L'Hopital Saint Louis*, a young Italian student first made a demonstration of the insect, and from that period it has been recognized as the *unique* cause of Scabies by all enlightened medical men.

The disease can not be diagnosed from the character or

location of the accompanying eruption, but only from the demonstration of the presence of the acarus or by his sub-epidermal cuniculus, or burrowing place. Scabies has no characteristic eruption. The insect of itself produces no eruption. The eruption is artificial, and produced altogether by the operation of scratching, on the part of the patient. Hence we have different forms of eruptions, viz.: vesicles, papules and pustules dependent on the sensibility of the skin and the amount of scratching performed. M. Hardy, of L'Hopital Saint Louis, one of the latest and best authorities, says that in one hundred cases of itch, ninety are accompanied by vesicular eruptions, ninety-five by pustules, and ninety-nine by papular eruptions, but most cases present all three of these varieties commingled together, the vesicular form contrary to common opinion being the least frequent of all. Now these same eruptions appear in other skin affections, and consequently can not be diagnostic of this, or any other disease. No man can safely diagnose Scabies from the eruption, that would only be guessing, too much of which has already been done in medicine. As to the cure of Scabies, all we want is some agent which will destroy the parasite. The treatment, in Paris, has become reduced to a certainty, as well as greatly simplified, in its application. It occupies just one hour and a half. For the first half hour, the patient is well rubbed, over all parts of the body, with soft but strongly alkaline soap. He then goes for half an hour into a warm bath, after which he is thoroughly rubbed for half an hour more, with an ointment composed of lard, twelve parts; sulphur, two parts; and carbonate potassa, one part. The patient then wears his clothes until next day, when he takes a bath and goes his way rejoicing, freed from his malady. He must be careful, however, not to put on the same garments, until they have been well fumigated, or exposed to a heat equal to eighty degrees Centegrade scale, which is found to be destructive to the life of the insect, as well as to any of his ova that might be concealed in the folds of the garments.

Dr. Bruenn said he could not let the remarks of his learned colleague, *Dr. Thornton*, pass without doing great injustice to

the ancients and even to Mr. Adams, who emphatically disclaimed an honor which Dr. T. has kindly attributed to him. The itch insect is mentioned by the Greeks 350 years B. C., who named it Tyro Abinsoar. An Arabian physician of the twelfth century hands down to us a pretty clear description of it, and from that time down to our own era, physicians of every civilized nation have made the *acarus scabies* the subject of scientific research. Thomas Monfret, the greatest and oldest of English entomologists, was the first to give a minute description and a proper classification of the insect. To Houtpman, a German physician, belongs the honor of having first furnished a correct delineation of it. Rennet, Delafond, Bourgeringon, Eichstadt, Fuchs, Hebra, and our own Dr. Pineo, are a few among the great host, who contributed by their scientific researches to a proper knowledge of the character and nature of the *sarcoptes*. Dr. B. was rejoiced to see the lively interest manifested by the Academy in this discussion. He admires the zeal with which Dr. Davis endeavors to convert the Academy to the insect theory in the prevailing eruption, to emanate from a sincere conviction; but he is not ready to believe in its existence, when the creature is *non est inventum*, and the symptoms so unlike those of true Scabies, that indeed only one, the *pruritus*, remains as common property to both; and even this differs in both, affording pleasure in one and the reverse in the other. The truth of his assertion he had confirmed to-day again by an opportunity afforded him kindly by Dr. Wilson, in company with whom he visited the Orphan Asylum. In addition to many of the old cases mentioned before, he found several of quite recent origin, but in none could he discover either *acarus* or their characteristic burrows. In questioning the nurse, who is an intelligent, trustworthy person and an old resident of the Institution, he ascertained that for two or three years the eruption would vanish entirely with advent of midsummer, and reappear with the setting in of the winter. This statement of self limitation of the prevailing eruption he ascertained before, and so stated in this Hall; another proof of the non-identity of this malady and true scabies, as the latter is never self limited. Again,

every case showed the characteristic papules of Prurigo, some capped with black points, others were uninjured. In no case were vesicles visible, but a great majority had impetigeonous or ecchymatous pustules, crusts or eczematous scabs. In many there is a general scaliness present, not excepting the spaces between the fingers, but it can easily be seen that it was scratching that caused it. It is the product also of the same operation in scabies, and the fallacy of Mr. Wilson's statement, who ascribes it to the direct work of the acarus, is exposed by recent researches of Fuch's, Hebra and others. Mr. Wilson, who, rather than follow his own countrymen, prefers to copy indiscriminately from French writers, makes *accuminated* vesicles a constant symptom, and counts it as his second diagnostic sign of scabies, in contradiction to his statement in another place, that when found upon the wrists, as in laborers and dyers, they are flat, as in eczema. The truth is that vesicles are not a necessary condition to the presence of the itch insect; as has been justly remarked by Dr. Thornton on a former occasion. In fine, Wilson's whole description of Scabies, including his fanciful explanation of nature's beneficent provision of the vesicle, is neither scientifically correct nor practically useful. The real, true and only reliable diagnosis of Scabies is the finding of the acarus or its duct; otherwise other eruptions are liable to be confounded with it. Cazanave himself confesses that in one of his lectures on Scabies, an extract of which the Doctor read from the July number of the Maryland Medical and Surgical Journal of 1840.

Dr. Murryhy asked what practical result had been derived from the discussion so far. One person claimed that a great number of skin diseases about town were itch, while others said they were not. Every day he had patients coming to him, complaining of itching on the inside of the thighs, arms, and shoulders—is it itch? The shoulders he did not think the habitat of itch. Day before yesterday a little boy was brought to him with eruption on his shoulders, and insides of the thighs and arms. Again: a gentleman whose mother-in-law resides in Lexington, sent his wife and children to visit her. While there, they contracted this disease, called in that section

of the country "Lincoln itch." Last week the husband called on Dr. M., asking him what would cure itch, saying his wife and children had it—and the physicians there had used sulphur, washes, etc., without success. Is it contagious? He did not know, and at this period of contagiousness, after the fall of Ricord's theory, we must be a little chary as to what we say is contagious, and what is not. What will cure it? Sulphur will not, neither will sulphur baths nor alkalies. He did not know any cure: but had used with good success citrine ointment, modified with simple cerate, morphia, or hyoscinus, externally, and quinine internally; cleanliness was also a certain important point. No man, unless dirty, or sleeping with dirty people, ever gets itch. If you go into a large Hospital where there is itch, you do not meet with gentlemen, but with dirty people. In examining recruits, he found a large number of men, teamsters, boatmen, and laborers, all broken out with an eruption, and covered with marks from scratching. He did not reject them because of itch, for he did not think they had it. In the army the disease goes by the name of "camp itch."

Dr. John Davis said, the ground taken by Dr. Bruenn is, that there is, or may be, a papular disease that is contagious. This position is not supported by any writer on Dermatology. He stands alone, asking us to accept views which are contrary to those of all the distinguished men who have written on skin diseases. It does not help his case to propose that the disease, of which he has given some account, be considered "as an American Institution"—something different from the Prurigo of European writers—a prurigo that may be contagious. He presents nothing to warrant such an assumption. His authorities for the terms, "Camp itch," "Illinois itch," etc., are none of them dermatologists. They are a class not confined to any one country; for not many medical men, anywhere, have made skin diseases a particular study. Yet, they are, sometimes, free to express their views. One of this class, in *The London Lancet* of 1863, writes of what he calls "a peculiar skin disease." He describes it as vesicular and contagious; but notwithstanding this, for some reasons, he could

not consider it as scabies ; and did not know what it was. Being a native of the West Indies, he remembered Prickly Heat, there ; and that prickly heat is contagious. He then concluded that the disease he had in hand was simply prickly heat. How strange it is that a medical man can so blunder in regard to cases of simple itch ! And stranger still, that, in one of our best journals, any writer should speak of prickly heat as contagious and vesicular !

Those who side with Dr. Bruenn, in this discussion, in the Academy, are alike his other American aids. The sum of what they present on the question at issue is : "I say this," or "I have seen ;" their saying and seeing being in utter disregard of the views of the majority of intelligent observers. The following are the conclusions of some distinguished writers, ranking among the standard authorities, on the positions I have assumed. These positions are : 1st. That the papulæ (Prurigo and Lichen), are not contagious ; 2d. That scabies is a vesicular eruption, as it generally prevails, the vesicles being peculiar ; and, 3d. That the itch insect is the sole cause of scabies.

In the *Cyclopedia of Practical Medicine*, edited by Forbes, Tweedie and Conolly, Dr. James Houghton treats of scabies as being vesicular, the vesicles being acuminate and distinct, unlike those of eczema, which are broad and confluent. He considers itch as being distinguishable from Prurigo, Lichen, Eczema, etc., by its contagiousness. In the same work, Dr. A. T. Thompson says, "scabies is contagious ;" "Prurigo is not communicable by contact."

As to diagnosis between Scabies and Prurigo, or any other disease for which itch may be mistaken, he says, "the contagion of scabies would settle the question if this were ascertained." Neligan writes, "Papular eruptions are not contagious." And of scabies, that the eruption is "at first always distinctly vesicular, and that this character is never lost in any stage of the affection." "In some cases, the eruption seems to be papular ; but each papulæ is really surmounted by a minute vesicle."

Cazenave says of Papulæ, "These affections are not conta-

gious." He places itch among the Vesiculæ, the vesicles being distinct: and says, that "Scabies is never caused by inoculation with the fluid from the vesicles, nor by that from any of the eruptions produced by the insect, but only by the insect itself." "It is settled that the acarus is the sole cause of itch." Wilson speaks of Prurigo as "not communicable," and of Lichen as "not contagious." He treats of scabies as a vesicular disease—the vesicles being characteristic, and the affection being caused by the itch insect.

J. Hughes Bennett writes: "The disease called scabies has been conclusively shown by M. Bourguignon to be entirely owing to the presence of the insect." He places Itch among the vesiculæ.

These are standard authorities. They all concur that Prurigo and Lichen are not contagious; and that in any given case, where either of them is supposed to be present, if contagion is proved to attach to the case, then the disease is itch—notwithstanding that prurigo, lichen, eczema, or pustules may be, also, present.

One of the gentlemen has implied that it is his belief that dirt may cause Itch. It follows, that he believes that dirt may originate the insect which is the immediate cause of Itch; or, in other words, that dirt is capable of producing spontaneous generation. This is unscientific. The theory of spontaneous generation received its *coup de grace* at the hands of Pasteur, and from that day has had no supporters among naturalists.

For a considerable period, up to some time in the seventeenth century, this theory had many adherents. The fossils in the rocks were, then, supposed to have been produced by the "plastic power of nature," they having been called into existence in the precise states and forms in which we now find them, no animals having ever constituted any portions of their being.

It required but a step to suppose that actual life might originate similarly; and the believers in the spontaneous generation theory cited the fact, in proof of their view, that when meat is exposed to a warm atmosphere, maggots will appear. They believed that the decomposing meat, of itself, gave birth

to the maggots. But Redi proved that they were wrong. He covered the meat with gauze; and no maggots made their appearance. After him, the spontaneous generation theory had no supporters till the microscope came into use. Then it was observed, that if animal or vegetable matter were steeped in water, a sufficient time, that numerous animalculæ appeared. It was at once claimed that they were the products of spontaneous generation. But Spallanzani showed that if the water be boiled, and then excluded from the atmosphere, that there will be no animalcules. This had the effect of putting the doctrine again into disrepute. Spallanzani's precautions, however, to exclude the air, were not complete. And, after a time, it was discovered that a repetition of his experiments did not always prevent the appearance of infusoria. It was, also, discovered that heating milk to a temperature of 212 degrees did not, under any circumstances, interfere with the manifestation of animalcules. Then the spontaneous generation theory came into favor again; and had some adherents until the experiments of Pasteur, made only a very few years since. It was discovered that, owing probably to the fact that milk is slightly alkaline, it requires to heat it to a temperature about ten degrees above boiling heat to make the experiment conclusive. Then no animalcules result. M. Pasteur showed too, that if water is boiled, and then effectually excluded from any air having a temperature lower than 212°, that no infusoria will appear. In some of his experiments he allowed air to pass freely into the water, through a red hot iron tube. The animalcules which had been observed in the water, when his precautions were not taken, were developments from germ dust floating in the atmosphere. His various experiments, a full account of which is very interesting, demonstrated that there is not the least foundation in fact for the spontaneous generation theory.

Erysipelatous Gangrene — Amputation.—Dr. Stevens said he desired to exhibit to the Academy a pathological specimen, with the following brief account of the case:

March 12th.—A soldier of the Thirty-Seventh Iowa regiment, now on duty in this city, was brought into Woodward

Hospital. His age 61 years. His foot in a condition threatening gangrene, the leg swollen and erysipelatous, the vitality at a low stage, no appetite. To show the rapidity with which this case had developed, Dr. S. remarked that he had incidentally observed this man in quarters only a few days previous to his admission in Hospital, at which time he complained of some lameness, and exhibited a very slight appearance of erysipelas. A weak solution of chlorinated soda was ordered for the foot and leg; iron internally, with milk punch, animal broth, and such nourishing diet as he could appropriate. Appetite rapidly returned, and at the end of a week, the line of separation was distinctly forming at the line of the malleoli, the erysipelatous swelling and color very much subdued, the leg beginning to show a healthy condition of tissue.

This favorable progress of the patient continued steadily during the second week of treatment, until on yesterday, the 26th, the tumefaction and angry color of the leg had nearly all disappeared. The foot is perfectly dead, and has been for several days; the appetite is good; the expression cheerful and hopeful. Whereupon he decided to amputate, which operation he proceeded to perform, and the limb is now presented as a beautiful specimen of gangrene exhibiting the process of separation.

Dr. S. remarked that in this case he operated while the patient was under the influence of pure chloroform; that he anticipated the commencement of its administration one half hour by giving two ounces of Bourbon whisky, and half a grain of sulphate of morphia. The patient passed out from the effects of the anæsthetic pleasantly, and this evening, now about thirty hours since the operation, he is quite comfortable, and taking into account the age, and other unfavorable features of the case, he is doing as well as could be anticipated.

[On the fourth day after amputation in this case, an erysipelatous slough made its appearance on the anterior flap, resembling the original diseased condition of the foot. But the patient was well plied with stimulants and nourishment, which he took with avidity, and the slough speedily separated, leaving a healthy granulating surface, which continued in every

respect to do well. April 30th.—The stump has so far granulated, and the general condition of the patient is so vigorous as to place him very certainly beyond all probable danger. E. B. S.]

Correspondence.

Quinine in Scarlatina.

BELLEFONTAINE, OHIO, March 27th, 1865.

PROF. MURPHY—*Dear Doctor*: I wish again to call your attention to the treatment of scarlatina by quinine and the chlorides. The effect of quinine on scarlatina, especially those cases in which the throat and bronchiæ suffer greatly, is, to me, astonishing. The violence of the disease is one-half destroyed in from eight to sixteen hours; and all the sensible morbid appearances in the throat; the swelling and soreness, (or rather, purpleness,) are found wonderfully abated within that time, under the influence of quinine, for I believe quinine to be really the effective agent in the prescription I generally employ.

I give quinine in doses commensurate with the violence of the disease—the largest doses in the worst cases. I should not hesitate to give from five to twenty grains at once, in a malignant case, according to the age of the patient. The most rapid pulse is the one indicating the quinine most; for the dangers arising from excessive rapidity of pulse ought to be met by whatever agent will introduce a new, and different, but more benignant excitement. This I claim quinine will do; and the ancient and well established principles of medicine, when properly interpreted and applied, approve the practice I recommend.

It is true I usually give the quinine in combination with other remedies, as indicated in my article in the February number of the *Lancet*. But sometimes the stomach does not bear iron well; and I think iron the least important ingredient in the prescription given. I believe quinine to possess tremendous power over scarlatina in any form. But to correct

the putrescent matter swallowed from the throat and nares, and to act somewhat on the kidneys, I give also chlorate of potash. The effect of this preparation of potash upon the morbid contents of the stomach and bowels, obviates the necessity of *very frequent* purging, and the weakness and irritation consequent thereto. In very low and prostrated cases, a *very little* capsicum added to the prescription will assist to arouse the nervous sensibilities of the stomach, so that they will take due note of the presence of the quinine, and respond quickly and in full to its therapeutical impression. After using, (or not, as circumstances demand,) an emetic, let the patient be put upon the prescription as follows: For a child, five years old, one grain of quinine and two grains of chlorate of potash every four hours, until the symptoms are so much abated as to enable the patient to dispense with the medicine. If there is a tendency to collapse, the first dose of quinine should be from two to five times as great as I have indicated, with the addition of a little capsicum, (one-half to one-quarter grain,) and let the succeeding doses be as above. It will be found in a few hours after the medicine is given, that not only are the sensible morbid appearances in the throat greatly diminished, but the pulse is already somewhat less frequent, and more full. The new power is beginning to act, and the old and morbid power is becoming weakened and destroyed. In addition, the very important fact will begin to be observed, that the general restlessness is departing. At the same time, a softness and coolness will be observed upon the forehead and the wrist, and inner part of the arms. To crown all, the countenance of the patient already begins to *look* better, and he will be heard to express himself as feeling much better; and the final effect will be that the physician, for the first time in his life, will experience a sensation of power over scarlatina that, in my opinion, will dissipate his horror and dread of that disease forever. All cases can not be cured; but I really am of opinion that under the quinine treatment, the mortality of scarlatina can be brought into much narrower bounds than it has occupied heretofore.

I believe that local treatment for the throat is nearly unne-

cessary in scarlatina—the effect of the general treatment appearing so promptly and so wonderfully as to render mere local treatment useless. The food should be mainly animal broth, with rice, and on account of the general desquamation, in the latter stage of the disease, animal jelly, in small and frequent portions. Alcoholic liquors should be used with caution, if used at all, as they favor congestions, and produce an excess of sensibility and irritation.

Respectfully,

T. L. WRIGHT, M.D.

Bromide of Ammonium in Whooping-Cough.

DURING the month of March, I have treated nineteen cases of whooping-cough by bromide of ammonium. In no case was it given until the disease had progressed to the second or spasmodic stage. In all the cases the peculiar cough—the whoop—was completely arrested in about twenty-four hours, when the remedy was discontinued. In some of the cases the whoop returned on the second and third days when the remedy was again exhibited for thirty-six or forty-eight hours with the same results as at first. Convalescence was then rapid, and I believe, complete. The bromide was administered in doses of one grain to each year of the patient's age, three times a day, In adults, twenty-grain doses were employed.

D. COLEMAN.

Slitting the Cervix, in Dysmenorrhea.

CINCINNATI, April 19th, 1865.

E. B. STEVENS, M.D., EDITOR LANCET AND OBSERVER — In a letter received by me a few days since, from Dr. George K. Kidd, Editor of the Dublin Quarterly, and one of the Physicians to the Coombe Lying-In Hospital, the following passage occurs :

“You speak of Churchill being opposed to slitting the cervix in cases of dysmenorrhea. I think I have converted him from this by curing a lady that he had been treating for months, without effect and relief, with sea-tangle. I have no

doubt slitting is the only effectual cure in many cases: dilating with tents is utterly useless, as the os closes again in a very few days."

Dr. Kidd's character and position entitle his assertions to be received with great respect. The statement to which Dr. Kidd alludes, was made in one of my letters to the *Lancet* and *Observer* from Dublin. Immediately after my visit to that city I spent some little time in Edinburg, and there had a more favorable opportunity of studying the value of the operation referred to. Professor Simpson, a man not less remarkable for genius than for industry, probably, and justly the highest living authority in Diseases of Women, who was the first to perform the operation—now more than twenty years ago—still adheres to it. In what he terms "Obstructive" dysmenorrhea—most authors, however, use "Mechanical"—the consequence of narrowing some portion of the cervical canal, generally at the *os externum*, and where as one of the consequences there has been sterility, the results of incision have been quite satisfactory. The operation is easily and quickly done with his *hysterotome*; the hæmorrhage is but little unless the incision is very free in the superior portion of the neck, and even when likely to be severe, can be readily controled with per-chloride of iron, and, if necessary, the tampon. In one of the cases that I saw operated on—the operator was Professor Simpson's nephew and assistant, Dr. Alexander Simpson—the lady not only walked to the Home, but also walked away, the discomfort and hæmorrhage were so slight.

The readers of the *London Lancet* will observe that our own countryman, Dr. Marion Sims, in one of the chapters of his forthcoming book, now in publication in that journal, speaks very positively in favor of the operation.

The treatment of this condition of the cervix by bougies—the advantages gained by sponge-tents or sea-tangle are, as Dr. Kidd so justly observes, but temporary—like most of my professional brethren, I have found very tedious and unsatisfactory. Nor is it, as so well pointed out by Dr. Sims, devoid of danger. It occurred to me, last winter, to see in consulta-

tion, a lady with very serious *pelvic cellulitis*, suppuration ensuing, and the pus discharging through the rectum, the disease following the continuous use for several weeks, of bougies, to relieve a contracted cervix. And yet I can not doubt but in this instance the utmost caution and skill were used with these instruments, for she had been under the care of a leading practitioner in such diseases, in one of our Eastern cities.

In a word, to conclude this note, which was suggested by Dr. Kidd's letter, I am satisfied that the perils of incision are much less than those of dilatation, while the results are far more satisfactory.

T. P.

Letter From Boston.

BOSTON, Mass., March 13, 1865.

MESSRS. EDITORS:—The commencement exercises of the Medical Department of Harvard University were celebrated last Wednesday, the 8th, at the Medical College.

The exercises were opened with prayer, by Rev. Prof. A. C. Peabody. Selections from Theses upon the following subjects, were read by members of the graduating class:

1. Gangrene of the Lung, Ethan Allen Paul Brewster, (late Major 23d Mass. Vols.,) Salem, Mass.
2. Mind on Disease, Somerville Dickey, Cornwallis, N. S.
3. Periodical Fever, Peter Paul Gilmartin, Boston, Mass.
4. Hospital Gangrene, George Whitefield Johnson, Southboro', Mass.
5. Pyæmia, John William Parsons, Rye, N. H.
6. Small Pox, Daniel Thurber Nelson, Amherst, Mass.

The Rev. President Hill then addressed Gov. Andrew, the Board of Overseers, and the Graduating Class in Latin, as is usual, before conferring the Degrees: after which, he delivered the customary address, or farewell, to the new made doctors. It is very seldom that the closing address is given by the President. This will be read with deep interest: I give an imperfect sketch, as reported in the Boston Journal.

In offering for the consideration of the young gentlemen

whom he addressed a general review of the medical art, Dr. Hill said that they had chosen a profession which had especially to do with the perishable and dying body, and which to those of a materialistic turn of mind might be dangerous to their intellectual breadth of view.

Having chosen this profession, he would have them prepare to meet its danger and its toil, and to perform its duties with zeal and honor. He would have them possess a just view of its dignity, for it was a profession most honorable, affording numerous opportunities of usefulness, and offering the noblest motives for its pursuit. The orator then proceeded to treat of the nature of the human body in its various analogies, showing how little surprising it was that it should be subject to disease, pain, malformation, death—offering the highest inducements to the human mind to study the human frame.

The medical profession required patient, careful, extensive observation, use of the powers of memory, imagination, strength of will—in short, the profession of the physician was, in his opinion, the finest of all modes of disciplining the understanding.

Dr. Hill referred to the dangers which might result from too close application to any profession, especially that of medicine; and in conclusion spoke of the moral lessons taught by those conditions of the human body which rendered that profession necessary, and said that the physician was the minister of God to mankind in a difficult, intellectual, moral, mental, sacred office.

The Graduating Class numbered fifty-four. Twelve of these received their degrees in July. Many of the graduates came from the British Provinces. Only five States were represented. In my last, I alluded to the feeling among the profession in Boston and vicinity, in regard to a postponement of the meeting of the American Medical Association till another year. The officers of the Association are almost unanimous, to have the stated meeting in June. The profession in New York, Philadelphia, and other places, are anxious that there should be no postponement. The committee of arrangements have, therefore, taken hold of the matter in good earnest. So you may set it down as a “fixed fact;” and that notwithstanding the seeming indifference, heretofore, of some of the profession as to the propriety of holding the meeting this year—yet delegates from other States may feel assured that

they will meet with a cordial reception by the profession of Boston, and that the latter will not be found "napping." B.

Letter From a Regimental Surgeon.

EDITORS OF THE LANCET AND OBSERVER:—Knowing the lively interest you take in the welfare of the profession generally, and the readiness with which you espouse its cause whenever it needs a champion, I am induced to offer you a letter on the present status of Regimental Surgeons in the volunteer army, feeling confident of your sympathy with them in the many trials and annoyances to which they are subjected. Did I for a moment think that the remarks I am about making might in the slightest degree contribute towards deterring any member of the profession from endeavoring to serve his country in the medical staff of the army, and thereby conflict with the interests of the cause of the nation, they should remain unwritten. But as I am one of those who feel the fullest confidence in the speedy and successful close of the war, I believe there is no danger of my creating any prejudice to the detriment of the service at this late day. Probably, at any rate, I can say nothing on the subject very new, at least to those of your readers who may be directly interested; as those contemplating service in the army would of course be thoroughly informed through other sources, as to what they might expect.

In a letter to your journal a few months ago, I expressed myself pretty fully on some of the causes of complaint with regimental surgeons. But I see in your March number a reference to that letter by another of your correspondents, who says, "the primary cause of the trouble" was overlooked by me, and which in his opinion is "the appointment of inexperienced surgeons of U. S. Vols. to important positions over Regimental Volunteer Surgeons," etc. Though I may have omitted to mention that subject, I certainly was always fully sensible of the glaring defects in the reformation (?) of the medical staff by the institution of the corps of U. S. Volunteers, and the inexperience and inefficiency of many of the members of this body. Yet while I criticize thus freely, I do

not pretend to deny but that others are highly qualified, efficient, and valuable officers. To illustrate the charge of inexperience and inefficiency: At the battle of Resaca, in May last, two of the division hospitals of the ——— Corps were presided over by surgeons of U. S. Volunteers. The wounded soon began to arrive in large numbers: and one of the surgeons aforesaid, bustling up to an operating table, remarked to one of the medical men there engaged, that he wanted to do some operating himself; indiscreetly, though frankly adding, that he had never before had an opportunity—his previous service having been in general hospitals in the rear. The other gentleman did not touch a case out of the scores operated upon during the two or three days the fighting continued in that neighborhood, nor at any of the hospitals established subsequently at other points. He was relieved in a few weeks, and sent to take charge of a general hospital; and it was said at the time he never operated, and confidently predicted he never would. Yet, under his control at that time, was a gentleman who, years ago, had established for himself a fine reputation in the profession and community, and had filled the chair of a professor in one of the institutions of medical learning in your State; and another, who nearly three years before was acting as Medical Director to the command in which this same surgeon of U. S. Volunteers was then regimental assistant surgeon! Such examples might be multiplied *ad infinitum*. But look at the regimental surgeon now-a-days, in his own proper place, i. e. with his regiment. And see what his condition there is. In the first place he can hardly help holding himself in contempt; for he has nothing to do except determine when a man is really sick, and send him to hospital. He therefore feels that he is a kind of drone, and is undeserving of any credit, as he is performing no service. And there may be three medical officers, thus dozing their lives away, in a little skeleton regiment of not less than two hundred men, acclimated and inured to the life of a soldier by nearly three years of service. Now, come, and let me introduce you to his companions—his brother officers. The Colonel he came out with is now a Brigadier General, per-

haps; the Lieutenant Colonel resigned long ago, on account of "family affairs;" the Major, also, and most, or all of the original Captains have left the regiment for different causes—some, generally the best of them, having been killed or disabled in action; while others left "for the good of the service." A few sharp fellows who can write readable hands, and have a smattering of Lindley Murray, have succeeded in being detached on staff duty, etc.; so that the present incumbents are promoted Sergeants, mostly. Perhaps a few of the original Lieutenants still remain. One of them wears silver leaves on his shoulders, and talks of "my Surgeon" as though he had bought and owned him. In the *ante bellum* period of our country's history, he may have made shoes; or Cincinnatus-like, ploughed the ground for a living. Or, mayb, in the season, he kept a stud horse! But now, he commands (?) a regiment, and holds "those d——d doctors" in utter contempt.

Is it any wonder, Messrs. Editors, that surgeons of regiments should feel that they were snubbed on all sides, not excepting the heads of the medical departments themselves? For what has been done to encourage them to bear with annoyances and disadvantages that were, perhaps, unavoidable? Nothing: but everything calculated to degrade and belittle them in their own eyes, as well as in the sight of others. Is it then, strange that the best men have left the service in disgust, and that those who remain, many of them through feelings of duty, are anxiously counting the remaining months of their service, with a feeling that at the expiration of that time they will be relieved from a position little less than degrading. Were this unhappy war to last two or three years longer, where would men be found, with any fair pretensions to ability and respectability, willing to accept the position of a regimental surgeon? I, for one, can not answer.

And what recognition of their services may those surgeons expect who have served in the field during the whole term of enlistment of their regiments, three long years? Many of them were reputed to be well qualified medical men when they went out; and it is not unreasonable to suppose that they became more efficient and valuable officers by their ex-

perience in the army. Yet see the justice and liberality (?) with which it is proposed to treat those of them who may wish to remain in, or re-enter the service. When they were bound hand and foot, by their commissions, and sent to the field, the corps of U. S. Volunteers was called into existence to outrank them; and filled up in great part by acting assistant surgeons in the hospitals in the rear, and other inexperienced persons; many of whom are now surgeons. But now, the best qualified regimental surgeon in the service, if he should be ardent and thick-skinned enough to re-enter it, must "fall in" at the tail end of the list of assistant surgeons, of U. S. Volunteers; or become a kind of "contract" or acting staff surgeon. Such, gentlemen, is the brilliant future that awaits him, after three years of labor, hardship, and patient submission to the snubbing of upstarts in every department of the army. Who then, may I ask, wouldn't be

A REGIMENTAL SURGEON.

Reviews and Notices.

Lectures on Surgical Pathology, delivered at the Royal College of Surgeons of England. By JAMES PAGET, F.R.S., Surgeon Extraordinary to Her Majesty the Queen, etc., etc. Revised and edited by WM. TURNER, M.B., London, F.R.C.S.E., etc., etc. Third American Edition, Philadelphia: Lindsay & Blakiston, 1865.

The present is the third American edition of a work already well and favorably known to the profession, Mr. Paget having long since established for himself a position as one of the first authorities on Surgical Pathology extant.

Mr. Paget briefly explains, in his prefatory remarks to the first edition of his Book, the circumstances which gave origin to, as well as indicated the character of the courses of Lectures delivered by him for six years from 1847 to 1852. He seems indeed to have taken up the museum of the College, devoted to the illustration of Pathology, and made it the basis of his course, as well as the medium of imparting his views. He remarks that "thus guided, I designed to give lectures which might illustrate the general pathology of the principal surgi-

cal diseases, in conformity with the larger and more exact doctrines of physiology." "The museum limited, while it indicated, the subjects of the Lectures. They were, therefore, not constructed to form a system of surgical pathology: several subjects, which might fill considerable places in such a system, were scarcely alluded to in them; and though I have added some Lectures, which could not be conveniently included in any of the courses, yet I have not gone beyond the range of such Pathology as a museum may illustrate."

A large number of topics of course are embraced in this volume; the following are amongst the most important: Nutrition and Growth: Hypertrophy and Atrophy; Considerations on the Repair and Re-production of injured and lost parts; Repair of Wounds; Repair of Fractures; Phenomena and Products of Inflammation; Nature and Causes of Inflammation; Specific Diseases; Various Tumors; Various forms of Cancer; Tubercle. The discussion of Cancer alone is very interesting—and very valuable; it occupies two hundred pages of the volume before us—making in itself a monogram on that subject; and we can readily understand how so exhaustive a style of Lecture, accompanied with microscopical illustrations, and abundant specimens of actual cases from the museum of St. Bartholomews, should carry with it all the force, attraction, and freshness of Clinical Teaching. Certainly, in the more deliberate reading of these pages, we are constantly impressed with the conviction of their instructive value.

The views of Rokitsansky and Virchow, upon very many points of pathology, are quoted with approval; although the opinions of many other leading writers are by no means overlooked; for example: Mr. Curling and Mr. Stanley on questions of the repair of bone tissue—Mr. Wardrop on Medullary Cancer, as observed in the eye—J. B. S. Jackson, Dr. Bauer, and other American writers are not forgotten.

It would be impossible to enter into the critical review of Mr. Paget's Lectures; to do so would require a very elaborate review, and we will therefore close this brief notice by remarking that the subjects discussed are evidently brought up

fully to the advanced views of the present time. The illustrations amount to more than one hundred wood cut engravings, and the general appearance and topography are satisfactory. For sale by Robert Clarke & Co. Price \$6.00.

The Pharmaceutist's and Druggist's Practical Receipt Book, with a Glossary of Medical Terms : and copious Index. By THOMAS F. BRANSTON, Philadelphia ; Lindsay & Blakiston, 1865.

This little book, just issued from the Publishing House of Lindsay & Blakiston, will doubtless prove a very convenient manual for the practical pharmacist—for the practitioner who dispenses his own drugs—and for the medical student curious in matters pertaining to formula and receipts.

It contains brief notices of the mode of preparation of a large proportion of legitimate pharmaceutical articles ; it is, however, largely devoted to old, irregular, and disused prescriptions, as *Abernethy's Pills*, *Bateman's Drops*, various pills, ointments, lozenges, inks, etc., *Godfrey's Cordial*, hair dyes innumerable, etc., etc.

The Glossary renders into modern terms, a great many old and long forgotten terms, technicalities and phrases that from time to time have had a place in the phraseology of the Dispensatory or the language of the practical pharmacist ; many of them now only called up as an evidence of *great learning*—or written to puzzle unwary druggists ; thus we have Acid of Salt, Acid of Sugar, Oil of Tartar, Powder Royal, Roman Vitriol ; together with many curious phrases which the reader will find in this collection. For sale by Robert Clarke & Co. Price \$1.50.

Alphabetical Index to Braithwaite's Retrospect : embracing Parts One to Fifty—1840 to 1865, comprising twenty-five years of publication. New York : W. A. Townsend, Walker street.

No medical publication in this country has ever maintained through such an unbroken series of years, the steady popularity and patronage of this Reprint of Braithwaite's Retrospect ; and to those who have preserved anything like a full series of this publication, it will not be necessary to call attention to so convenient a companion, as a complete index throughout must prove, as a means of reference.

Editor's Table.

IN MEMORIAM.

WE shall scarcely be considered as having gone out of the proper limits of a scientific journal, in making a brief record of the nation's day of calamity. We should do injustice to our sympathies and our sense of propriety, did we omit an expression of our feelings on this sad occasion.

On the night of April 14th, 1865, while enjoying a theatrical spectacle, which made a part of the closing demonstrations of a nation's rejoicing over the prospect of a speedy return to the better and higher pursuits of peace, an assassin shot Abraham Lincoln, President of the United States, through the head. He expired on the following morning, a few minutes after 7 o'clock—the whole people of the country awaiting, in sad groups, the announcement of the terrible final intelligence. Why dwell further on these particulars? The world is already made familiar with their atrocity.

A little over four years ago, Abraham Lincoln passed through the country, from his quiet home in Illinois to the Capitol, enjoying an ovation at every stage of his journey, splendid, but partizan. While we pen these mournful paragraphs, his remains, stark and cold in death, are slowly finding their way in return to that quiet home in Springfield, and a whole nation offers up its sincere, spontaneous tribute of mourning; the whole nation throbs in unison, in its pulsations; the whole nation stands awe stricken and paralyzed over this terrible tragedy, which comes not alone upon the devoted person of the late Chief Magistrate, but is a blow aimed at the heart of the nation itself. We bow to God's will. Let us be humble and submissive. In his sight how insignificant become all parties, and worldly passions, and human inventions and devices.

Miami Medical College of Cincinnati.—Our readers will find the announcement of the reorganization of this School in our advertising columns.

Instituted in 1852, with the venerable Dr. R. D. Mussey at the head of its Faculty, it continued in existence for five years. The last course of lectures was delivered to a class of one hundred and

twenty-five. The spirit of harmony and the determination to work, characterizing the efforts of the first Faculty, will animate the present one. Drs. Mendenhall, Judkins, Foote and Murphy were members of the original Faculty, and have each had considerable experience as lecturers and teachers. The other members of the Faculty have also been teachers, and are familiar with their different specialities. The determination is to give a full course of lectures, so as to make students good practical physicians.

With this object in view, the chair of Diseases of Women and Children has been instituted, and is to be filled by Dr. J. B. Smith, for several years Clinical lecturer on the same subject in the Commercial Hospital of this city.

The chair of Surgery has been also divided, Military Surgery being reserved for Dr. Clendenin. Of the importance of the subject to the student it is wholly unnecessary for us to dilate on. Drs. W. H. Mussey and Clendenin are both competent by education and extensive observation to give full courses in Surgery. Both have had large experience in the present war, and both have for several years practiced Surgery in this city.

The students who may attend the School will have the opportunity of hearing a course of lectures on the Diseases of the Eye and Ear, by Dr. Williams, whom we think has few superiors in his speciality in the country. In addition to this, Dr. Jesse P. Judkins will give lectures on points in Special Pathology, little understood by the majority of young physicians. As Professor of Anatomy in the Starling Medical College, Miami Medical College, and Medical College of Ohio, Dr. J. is well known as an excellent lecturer.

The Clinical advantages afforded by the Commercial hospital are very large. The average number of patients in the hospital for the last six months has been two hundred. The trustees of the hospital have decided to erect a new building, which will afford accommodation for twice the number now demanding admittance. No city in the West affords better clinical advantages. Six of the Faculty are attending surgeons and physicians to the hospital, and will give a clinical course during the Session. We think we can safely say to our readers, that this School will give a full and complete course of lectures, and that all students who may attend will leave with the conviction that every effort will have been used for their instruction.

Personal—Dr. J. Frank.—In the March number of this journal, in the reports of the *Academy of Medicine*, are several *surgical cases*

reported by Dr. Mussey. In one of them, on page 147, occurs an allusion to Dr. Frank, of this city, which we very much regret. The objectionable phrase was embraced in a lot of manuscript which passed over to the printer without that due editorial revision which should always be given. It is not our purpose to do an act of injustice to Dr. Frank, or any other individual, and such personal reflections are entirely foreign to our wishes or taste. We have no personal acquaintance with Dr. Frank, but have learned from reputable sources that he is a graduate of the University of Gottingen, that at one time he was editor of a regular medical journal in Germany, and personally repudiates all affiliation with irregular medicine in any shape.

The Indiana State Medical Society will hold its annual meeting at the city of Richmond, on Tuesday, the 16th of May, (which is the third Tuesday.) Richmond is a charming place, has a number of very clever doctors, and being convenient of access to Western Ohio, we think our friends will find it agreeable to be present, and participate on that occasion, and we think we can safely promise from our Richmond friends a cordial greeting.

Since writing the above, we have received the regular Circular of the Executive Committee, as follows :

RICHMOND, IND., April 20, 1865.

The ensuing meeting of the State Medical Society of Indiana, will be held in this city, beginning on Tuesday, May 16, prox., at 2 o'clock, P. M.

Please notify your professional brethren, who may not receive this Circular, of the time and place of meeting.

We are endeavoring to make arrangements with the railroads, to return members *free* who pay full fare in coming to the meeting.

V. KERSEY,	}	Ex. Com.
R. E. HAUGHTON,		
JAS. F. HIBBERD,		

Errata--*Dr. J. R. Black*.--In our last number, in the article by Dr. Black, in the title he is made to treat of "common technical" instead of "common *or* technical terms," etc., as he meant to express it, and the author was doubtless vexed to find his name changed from J. R. Black to J. M. Black.

The Ohio State Medical Society will hold its annual meeting at Ohio White Sulphur Springs, on Tuesday, the 20th of June. The

Executive Committee announce satisfactory arrangements made with Mr. Wilson.

NEW MEDICAL JOURNALS.—*The New York Medical Journal* is the title of a new medical monthly which has just reached us. It is an elegant journal of 88 pp monthly, the paper of the best quality, and the typography almost, if not quite, faultless. It is published by Miller & Mathews, 757 Broadway, New York, at \$5.00 per annum. Thus at length we have a fresh effort to provide for the great metropolis, a first class medical journal. We find accompanying the initial number a list of collaborators, embracing some of the most eminent American physicians, which ought, if they become *true working* collaborators, to render the *New York Medical Journal* very attractive in its table of contents.

We understand the responsible editor is our old friend, and former cotemporary of the *American Medical Monthly*, Dr. J. H. Douglass. We think, however, there is an individuality, an identity, in the usual American custom of announcing the editorial head of a medical journal, that is desirable to observe.

We welcome this new journal to our exchange, and wish for it every success, and a high degree of usefulness and influence.

Nordamerikanische Deutsch Medicinische Zeitschrift fur Practische Heilkunde.—We believe this is the first American medical journal in German, and as we now have in this country a very large German medical population, such a periodical will, doubtless, receive a generous support. It is edited by W. Meisburger, M.D., and published bi-monthly, in Buffalo, N. Y., at \$3.00 per annum. The first number before us contains an interesting variety of original and selected matter. We hope it will meet with success.

The Dublin Quarterly Journal of Medical Science for February, 1865, is received in exchange. A most capital Quarterly, excelling in matter and manner. We have also received several consecutive numbers in exchange of the *Journal of Practical Medicine and Surgery*, being an English reprint of a very clever and readable French journal.

MEDICAL COLLEGE COMMENCEMENTS.—*College of Physicians and Surgeons, New York*.—This Institution held its fifty-eighth annual commencement on the evening of the 9th of March. There were *seventy-eight* graduates.

The Jefferson Medical College of Philadelphia held its annual commencement on the 10th of March. The degree of Doctor in Medicine was conferred on *one hundred and thirty-six* gentlemen. Prof. Pancoast delivered the valedictory address.

The University of Pennsylvania conferred the degree on *one hundred and seventeen* graduates. Prof. F. G. Smith delivered the valedictory.

Chicago Medical College.—The sixth annual commencement of this school took place on the 7th of March. There were *twenty-six graduates*; the *Ad eundem* degree was conferred on four graduates, and the Honorary degree on one. The valedictory address was delivered by Prof. Jewell.

The Medical Department of Harvard College at Boston is noticed in full in the letter of our Boston correspondent.

The Chicago Medical Examiner states in a recent number that the actual cost of issuing that journal is *two dollars and seventy-six cents* for each subscriber per annum, or twelve numbers; and hence comes to the very sensible conclusion to advance the price from \$2.00 a year to \$3.00.

The Ohio Volunteer is the title of a spicy weekly sheet published at Camp Dennison, and of which we have received several numbers. It is edited by our old friend, Edward Betty, and is devoted to the various interests of the Hospital and Post at Dennison. Each number contains contributions from the medical officers of the Hospital, together with a pleasant variety of miscellany. Price \$1.00 per annum, and to any one interested in such matters, subscribers will receive the worth of their money.

The following is the roster of medical officers at present at Camp Dennison U. S. General Hospital:

C. McDermont, Surgeon U.S.V., in charge; F. Grube, Assistant Surgeon U.S.V., Ex. officer; D. E. Wade, A. A. Surgeon U.S.A., Secretary of Discharge Board; C. H. Smith, G. E. Walton, W. B. Chapman, A. Cheney, J. P. Sidall, P. Klein, A. S. Stevens, D. Williams, F. H. Sale, J. G. Paulding, J. G. Coats, W. W. Highlands, A. A. Surgeons U.S.A., and in charge of several Divisions.

Max Woche's Card.—We call the attention of our readers to a new advertisement of Mr. Max Woche, in which he announces to

physicians that he is made agent for the sale of "*Day's Splints*," enabling him to furnish them either in sets or by the single splint, as may be desired. This will be a great convenience to practitioners.

We have also had our attention directed to some new *apparatus*. Mr. Wochee has imported for the Inhalation of Medicated Vapors. They are exceedingly ingenious; and gentlemen will be repaid for the time and trouble of looking over these and other novelties they will find at this Instrument store.

Laid Over.—The press of other matter compels us to defer the *Ophthalmological Department* of Dr. Williams, as also considerable Abstracts and Selected matter arranged for this number. We have received communications from Dr. J. H. Clarke, Dr. Duzan, (of Nashville,) an obituary of the late Dr. Plummer, of Richmond, Ind., and Proceedings of Wayne County, Indiana, Medical Society; all crowded out for the present.

American Medical Association.—We publish the following notice, received from the Secretary, Dr. Atkinson, of the approaching meeting of the American Medical Association. And we take a great deal of pleasure in further announcing, as we do from private authority, that every arrangement is being made for the pleasant accommodation of the delegates. We trust it will prove, as we believe is the promise, one of the most agreeable and useful meetings the Association has ever known.

The sixteenth annual session of the American Medical Association will be held in the city of Boston, on Tuesday, June 6th, 1865. The following committees are expected to report:

On Insanity.—Dr. H. R. Storer, Mass., Chairman.

On Exsection and its connection with Conservative Surgery.—Dr. Lewis A. Sayre, New York, Chairman.

On Drainage and Sewerage of Large Cities, and their Influence on Public Health.—Dr. W. J. C. Duhamel, D. C., Chairman.

On Alcohol and its Relations to Man.—Dr. G. E. Morgan, Maryland, Chairman.

On Quarantine.—Dr. Wilson Jewell, Penn., Chairman.

On Medical Ethics.—Dr. John A. Murphy, Ohio, Chairman.

On the Microscope.—Dr. James M. Corse, Penn., Chairman.

On the Relations which Electricity sustains to the Causes of Disease.—Dr. Squire Little, Penn., Chairman.

On the Morbid and Therapeutic Effects of Mental and Moral Influences.—Dr. A. B. Palmer, Mich., Chairman.

On the Causes of the Extinction of the Aboriginal Races of America.—Dr. G. Suckley, N. Y., Chairman.

On the Causes and Treatment of Ununited Fractures.—Dr. Frank H. Hamilton, N. Y., Chairman.

On Diphtheria.—Dr. Lucius Clark, Illinois, Chairman. *

On the Uses and Abuses of Pessaries.—Dr. Jas. P. White, N. Y., Chairman.

On International Medical Ethics.—Dr. J. Baxter, Upham, Mass., Chairman.

On Climatology and Epidemic Diseases.—Dr. C. W. Parsons, R. I., Chairman.

On Autopsies in Relation to Medical Jurisprudence.—Dr. T. C. Finnell, New York, Chairman.

On so-called Spotted Fever.—Dr. Jas. J. Levick, Penn., Chairman.

On the Introduction of Disease by Commerce, and the Means for its Prevention.—Dr. A. Nelson Bell, N. Y., Chairman.

On Patent Rights and Medical Men.—Dr. David Prince, Illinois, Chairman.

On Prize Essays.—Dr. D. H. Storer, Mass., Chairman.

On Medical Education.—Dr. T. Antiselle, D. C., Chairman.

On Medical Literature.—Dr. Chas. A. Lee, N. Y., Chairman.

On Necrology.—Dr. C. C. Cox, Maryland, Chairman.

On Compulsory Vaccination.—Dr. A. N. Bell, N. Y., Chairman.

On Ligature of the Subclavian Artery.—Dr. Willard Parker, N. Y., Chairman.

On Revision of Plan of Organization.—Dr. N. S. Davis, Illinois, Chairman.

On Specialists.—Dr. J. Homberger, N. Y., Chairman.

On Medical Corps of Navy.—Dr. T. L. Smith, N. Y., Chairman.

On Medical Corps of Army.—Dr. Charles S. Tripler, U.S.A., Chairman.

WM. B. ATKINSON, Per. Sec.

Protection from Small Pox by Means of Vaccination and Re-Vaccination.—At the annual session of the American Medical Association held in New York, June, 1864, the following resolutions were adopted, and the undersigned appointed a Committee to carry them out:

“Resolved, That the Association deems it a duty to institute measures looking to the vaccination, ultimately, of every person living in the limits of country over which it exercises influence.

“Resolved, That a Central Committee of five be appointed to enlighten the public mind, by all available means, upon the value and necessity of universal vaccination.

“Resolved, That the Central Committee be authorized to appoint associate and auxiliary committees in each State.”

According to the most reliable statistics obtainable, the annual death-rate of the United States is about one in forty-five of the whole population, or about 600,000 annually for the last ten years. Of this number of deaths from all causes, about one in every two hundred and fifty, or in round numbers, not less than 2,500 die

annually of small-pox. This mortality, estimated by the usual ratio of deaths in small-pox, demonstrates the existence of more than 10,000 cases of unmodified small-pox annually in the United States, exclusive of varioloid; all of which can be wholly prevented by effectual vaccination and *re-vaccination*. During the great epidemics of small-pox which prevailed in Europe during the early part of the present century, all observers had abundant opportunities for ascertaining the true value of vaccination. The vaccinated and those who had previously had small-pox were both found to be more or less subject to the disease. Early in the progress of these epidemics, however, an important fact became evident, namely, that there was a great difference in the mortality of small-pox when it attacked these three classes:—1. The vaccinated; 2. The variolated; and 3. Those who had neither been vaccinated nor had small-pox. Of the first class, those who had been previously vaccinated, out of every 330 attacked, only 1 died. Of the second class, those who had previously had small-pox, 1 out of every 60 died. While of the third class, those who had neither been vaccinated nor had small-pox, 1 out of every 4 died. Thus proving the great superiority of vaccination over small-pox itself, in protecting the system from the fatality of a second attack.

Unmodified small-pox is not only a very fatal disease, as proved by its frequently cutting off one-fourth of all whom it attacks, but its tendency is to develope any latent disease which may exist in the constitution, particularly scrofula, and it is thus, indirectly, the cause of death to a much larger portion of the human race than at first sight appears. It is not, therefore, surprising that small-pox, attacking for the second time an already enfeebled constitution, should cause a greater proportion of deaths than takes place when it occurs after vaccination, a much milder form of the same disease, and, therefore, proportionately less likely to develope any pre-existing constitutional affection.

It may, indeed, be truly said, that during the last sixty-four years, vaccination has not only prevented millions of cases of small-pox, but that it has also saved a multitude of persons from scrofula and other fatal maladies.

The human race has become stronger, has produced more hardy offspring;—not only suffering less from disease in general, but in all respects more capable of resisting it, through the instrumentality of vaccination.

Among the earliest objections urged against vaccination, even

during the time of Jenner, was the alleged danger of communicating other diseases with the vaccinia. And from that day to this, cases of cutaneous disease, syphilis, scrofula, etc., have been occasionally attributed to this cause. But if it were now possible to collect all such cases, even then, their utter insignificance when compared with the multitude that have unknowingly been vaccinated with lymph taken from diseased persons, without contamination, is such, that this evidence alone against the transmissibility of other diseases by vaccination, would be sufficient to establish the conclusion as a general rule, that there is no danger of communicating other diseases with vaccinia. This conclusion is in keeping with the recorded experience of Heim, Ricord, Bousquet, Taupin, Landoury, Friedinger and many others who have investigated the subject, and may, indeed, be regarded as an accepted truth by the most distinguished men of the medical profession.

The recorded facts, the arguments, and deductions made by investigators in reference to the possibility of transmitting other diseases with vaccinia, added to the facts positive and negative which have presented under our own observation, not only confirm our belief in the non-transmissibility of other diseases with the vaccinia as a general law, but demonstrate that vaccination, besides preventing small-pox, frequently fortifies the constitution of the individual against some of the worst of those very diseases which are erroneously alleged to be transmitted by it. We would not, however, be understood as approving of the use of vaccine virus obtained from diseased persons; but, on the contrary—none should ever be used knowingly, except that which has been obtained from perfectly healthy subjects.

The protective powers of vaccination are most evident in their results to mankind in general. The comparative exemption of all civilized communities, for the last forty years, from the most terrible scourge to which mankind was ever liable, is an evidence of the protection afforded by vaccination so overwhelming as to characterize the discovery of Jenner as the greatest boon ever conferred upon the temporal welfare of man.

In England alone, for nearly a century before the introduction of vaccination, no fewer than 30,000 persons were annually cut off by small-pox; which, in the same ratio, according to the present population, would be equivalent to 100,000 deaths annually. Out of every 1,000 deaths, from 1750 to 1800, there were by small-pox 96; from 1800 to 1850, there were, for the same number, but 35.

In Germany, for the same periods of time, there were

1,000 deaths for the former period, by small-pox 66.5 ; for the latter period, 7.26.

In Sweden, for the last twenty-eight years before the introduction of vaccination, out of each million of the population there were 2.050 deaths annually by small-pox ; for forty years subsequent to the introduction of vaccination, the number of deaths annually by small-pox, per million of inhabitants, was 158.

In Westphalia, from 1776 to 1780, the annual small-pox death-rate per million of inhabitants, was 2,643. From 1816 to 1850, it was 114.

In Copenhagen, from 1751 to 1809 the annual rate per million was 3,128 ; from 1800 to 1850, it was 286. In Berlin, for the same periods, the rates relatively were 3,442, and 176.

American statistics, so far as known, are equally conclusive. According to a paper read by Dr. Robert Ware, before the the Boston Sanitary Association, we learn that in Boston, in 1721, the year in which inoculation was introduced and when the whole population was 11,000, 5,759 or more than one-half had small-pox, and of these, 844 died. In 1730, there were 4,000 cases and 200 deaths. In 1752, when the population was 15,684, there were 5,545 cases and 539 deaths. In 1764, there were 5,646 cases ; in 1776, 5,292 ; and in 1792, 8,346. Compared with a subsequent period, after the general introduction of vaccination, and when it was in a measure compulsory, from 1815 to 1830, the mortality from small-pox was only fourteen ; from 1811 to 1839, it was but fifty-two.

By an approximate average death-rate by small-pox per million of living population, from 1750 to 1800, and from 1800 to 1850, in various countries (collected by the Epidemiological Society of London), there were, in the former period, nearly twenty times as many deaths by small-pox as there were in the latter. And besides, "one obviously beneficial result of vaccination, as regards its protective influence on the multitude, has not, we think, been appreciated or illustrated with sufficient force ; namely, that the epidemic influence of small-pox greatly increased during the practice of inoculation, and greatly decreased since vaccination has been adopted. Dr. Hebra, Professor of Diseases of the Skin, at Vienna, incidentally remarks and simply alludes to the fact, that 'Epidemics of small-pox have been more rare and are less malignant since the introduction of vaccination.' But definite material for the following statements are to be found in the report of the Epidemiological Society, in illustration of our remarks :— 1.) During 91 years previous to inoculation, there were 65 distinct and well marked epidemics, which is a ratio of

71.4 epidemics in 100 years. (2.) During 63 years in which inoculation was practiced, and that to a great extent, there were 53 distinct and well marked epidemics, which is a ratio of 84 epidemics in 100 years. (3.) During the last 50 years, in which vaccination has been practiced, and inoculation been declared illegal, there have been 12 epidemics of small-pox, which is a ratio of 14 epidemics in 100 years."

According to the well kept mortality statistics of Sweden, the annual small-pox death-rate in that country, during the period of 1841-'50, averaged less than the weekly death-rate from small-pox and measles during the period of 1755-'75. This important fact introduces us to an indirect benefit of vaccination, which has, until recently, been overlooked, namely, the beneficial influence of vaccination against other diseases. Drs. Greenhow and Farr, under the auspices of the General Board of Health of London, have shown that with the decline of small-pox consequent on vaccination, the general death-rate has greatly diminished from all causes; and that too, notwithstanding a severe and fatal epidemic of influenza and two epidemics of cholera; and, under this diminution, it is especially notable that the two classes of disease usually considered the most fatal, namely, scrofulous and low febrile affections, have diminished in a remarkable degree. The general death-rate per 10,000 of living population, during the periods of 1846-'55, was 25 per cent. less than the decennial period of 1746-'55; and 40 per cent. less than the decennial period of 1681-'90 showing a successive decline since the remoter period, from 421 to 355; and since the more recent period, from 355 to 249.

According to Dr. Farr's statistics, the average annual death-rates in London, from all causes and all ages, per 10,000 living were:

From 1771-'80.....	500
1801-'10.....	292
1831-'35 (small-pox prevailed).....	320
1840-'54.....	248 9-10

The average annual death-rates in Sweden, from all causes and all ages, per 10,000 living, were:

From 1776-'95.....	268
1821-'40.....	233
1841-'50.....	20

In McCulloch's Descriptive and Statistical account of the British Empire, Dr. Farr has shown that fever has progressively subsided since 1771, (at first under the influence of inoculation); "and that the combined mortality of small-pox, measles and scarlatina is now only half as great as the mortality formerly caused by small pox alone."

According to the researches of Dr. Greenhow, previous to the introduction of vaccination, the death-rate from scrofulous diseases was five times greater than it is at the present time ; and the present death-rate of pulmonary consumption, great as it is, is seven per cent. lower than it was previous to the discovery of Jenner.

M. Bousquet, in his detail of the epidemic which prevailed at Marseilles, in 1825, states that the whole population was estimated at 40,000. Of these, 30,000 had been vaccinated ; 2,000 had had small-pox, 8,000 had neither been vaccinated nor had small-pox. Of the 30,000 vaccinated, 2,000 were seized with small-pox ; 20 of whom, or one for every hundred affected, died. Of the 2,000 who had before had small-pox, either naturally or by inoculation, 20 were attacked, and of these 4 died, or one for every five who took the disease. Of the 8,000 who had not been vaccinated nor had small-pox, 4,000 contracted it, and 1,000 died, or one in every four. By this it appears that one-half of the non-vaccinated, one-fifteenth of the vaccinated, and one-hundredth of the variolated took the disease. But such was the difference in the comparative mortality of the attack in the vaccinated and the variolated, that while the variolated part of the population were cut off in the proportion of one out of every 500, the vaccinated only lost one out of every 1,500 ; or, in other words, of an equal number of variolated and vaccinated cases, three of the variolated died from the second attack, for every one that died who had been previously vaccinated.

RE-VACCINATION.—Several governments, confident in the anti-variolous power of vaccination, and profiting by the experience gained, determined upon re-vaccination as the most likely means of getting rid of the epidemics which were desolating their armies. The effect was so salutary as to have finally banished small-pox from among them. But this was not the only benefit. Knowing, as we do, that small-pox and cow-pox are in reality the same disease, the latter being merely deprived of its virulence by having previously passed through the system of the cow, the results of these numerous re-vaccinations are of immense importance not only in confirming the identity of small-pox and cow-pox, but in establishing the no less important fact, that the protective power of small-pox itself wears out of the system in a certain proportion of cases, as life advances, in nearly the same ratio as that of cow-pox. Thus, in all these armies, a certain proportion of the men were found to have been previously vaccinated, while no inconsiderable proportion had passed through unmodified small-pox. Now, if we take the suscep-

tibility to re-vaccination as a test of liability to varioloid or to a second attack of small-pox, we have these vaccinations proving the fact that after a certain number of years, the same proportion of those who have previously had small-pox become susceptible to a second attack, as those who have been vaccinated are to varioloid. So that once having passed through all the dangers of unmodified small-pox, the person, at the end of twenty years, for instance, has no better security against a second attack, than the person who has been vaccinated for a corresponding length of time.

In the Wurtemberg army, of 40,000 cases collected by Dr. Heim, on re-vaccination it was found that in every 100 vaccinated after small-pox, 32 succeeded, 26 were modified and 42 failed. In every 100 re-vaccinated 34 succeeded, 25 were modified, and 41 failed.

According to the Statistical Report of the Medical Department of the English Army, from Oct. 1858, to Dec. 1859, 32,510 soldiers and recruits were vaccinated. Of this number, 4,124 bore marks of unmodified small-pox; 23,924 bore good marks of vaccination; 1,901 bore doubtful marks of vaccination; and 2,561 had no marks of either vaccination or small-pox.

By reducing these figures as nearly as possible to the small scale as those above given for the army of Wurtemberg, we find that of the 4,124 who had previously had small-pox, on vaccination, 1,473 or 35 per cent. succeeded; 799 or 19 per cent. took imperfectly; and 1,842 or 44 per cent. failed. Of the 23,924 who had good marks of vaccination, on re-vaccination 8,976 or 37 per cent. took perfectly; 5,278 or 22 per cent. imperfectly; and 9,671 or 40 per cent. failed. Of the 1,901 with doubtful marks of vaccination, the number of good vesicles on re-vaccination was 777 or 40 per cent.; modified, 505 or 26 per cent.; and 616 or 32 per cent. failed. Of the 2,561 who had no evidence of protection, on vaccination, 1,362 or 53 per cent. took; 484 or 18 per cent. had modified vesicles, and 715 or 23 per cent. failed.

In the Prussian army, in 1860, 69,096 soldiers were vaccinated. Of this number 57,325 exhibited marks, more or less perfect, of previous vaccination, 7,420 being distinct; 4,151 showed no marks whatever. Of the whole number, 44,193 took; 8,256 partially and 16,047 failed. These last were vaccinated again, when 5,577 proved successful, and 11,650 failed. During the year, there occurred among those who had been unsuccessfully vaccinated and others who had been successfully vaccinated in former years, one case of varioloid, but no case of small-pox. Thus, during the year 1860, out of

69,096 vaccinations, 49,777 or 72 per cent. took. In the entire army, there occurred during the year, 23 cases of varioloid, and 4 of small-pox. Of these cases, 14 of varioloid and 4 of small-pox occurred in persons who had not been re-vaccinated; 8 of varioloid, and 1 of small-pox, occurred among those in whom the re-vaccination failed; and the remaining 1 of varioloid, among those who had been re-vaccinated with success.

In the United States, re-vaccination has received but little attention. On the breaking out of small-pox among a crew of five hundred persons, on board a U. S. frigate, about twenty five years ago, the late Dr. Samuel Jackson, Surgeon U. S. N., vaccinated the whole ship's company. One in six took. They had all been vaccinated or had had small-pox before. Those on whom vaccination failed, proved to be equally insusceptible to small-pox, which wholly ceased from the time the re-vaccinations took effect.

Of 686 recruits vaccinated by Dr. Forry, U. S. Army, 560 had been vaccinated before, 74 had had small-pox, and 52 had not had small-pox nor been vaccinated. Of the 560 previously vaccinated, 381 exhibited good cicatrices; 134 imperfect; and 45 had no marks at all; 196 took, including 55 which were modified. Of these 196, 109 had been previously vaccinated before the age of five years; 48 between the ages of five and ten, and 39 subsequently to the latter age. Of the whole 560 previously vaccinated, 316 were vaccinated before the age of five years; 133 between the ages of five and ten and 111 after the latter period. Hence it follows, though not as an exact result, according to Dr. Forry's limited experience, that as the ages of the great majority of these men ranged from twenty to thirty-three (the average being twenty-five), and as the ratio of successful re-vaccination is very nearly the same after each interval of age (being one-third), the limit of the protective power of vaccination is not restricted to any precise number of years.

The only statistics of re-vaccination of the present army of the United States, we have been able to obtain, are the following, furnished by Dr. S. O. Vanderpoel, Surgeon-General of New York, to the U. S. Sanitary Commission, from the first returns made to him in accordance with a general order:

Total number of recruits examined.....	9,548
Bearing marks of previous vaccination.....	7,765
Total vaccinated or re-vaccinated.....	8,095
Found to be susceptible.....	2,292
Number susceptible who had marks of previous vaccination..	1,338

It is evident from the foregoing statistics, that no certain period of limitation can be fixed for the protective power of vaccination. It is certain, however, that its loss of power bears some proportion to the lapse of time, though it seems highly probable that this apparent loss of protective power is in the same ratio as the varying liability to small-pox, independent of vaccination. Dr. J. F. Marson, the experienced superintendent of the small-pox and vaccination hospital in London, states that, "but few patients under ten years of age have been received with small-pox after vaccination. After ten years, the number begins to increase considerably, and the largest number admitted are for the decennial period from the age of fifteen to twenty-five, and although progressively diminishing, they continue rather large up to thirty, and from thirty to thirty-five they are nearly the same as from ten to fifteen; but as in the unprotected at this period of life, the mortality is doubled, showing the cause to be probably as much or more depending on age and its concomitants as on other circumstances. In still further advanced life, the ratio of mortality will be seen to increase also, as in the unprotected state."

According to the statistics of Professors Heim of Stuttgart and Retzius of Stockholm, and Dr. Marson, of London, the liability of small pox is found to be as regards age, very nearly the same as the increased susceptibility to a second vaccination, or as will presently be seen, to a second attack of small-pox.

The occasional recurrence of unmodified small-pox a second time or after a previous vaccination, does not invalidate the general law, that a person who has once been properly vaccinated or has once had small-pox, in general remains protected against a subsequent attack. It is, however, a well established fact that certain individuals who have had unmodified small-pox in infancy or youth, may, especially if frequently exposed to the epidemic influence of the disease, have it again in after life; and such attacks are always much more dangerous to life than small-pox after vaccination. All medical men of much experience have met with such cases. Dr. Thompson, of Edinburg, in his own practice, met with 85 cases of second attack of unmodified small-pox; and Prof. Heim, 57. It is in vain, therefore, to expect that vaccination will give greater security to the person from a subsequent attack of small-pox than small-pox itself unmodified. All that can be reasonably asked is, that vaccination shall give as good security against a subsequent attack of small-pox as if the person had passed through small-pox itself; and this, if

properly performed, and with good lymph, the accumulated evidence of the last sixty years most thoroughly proves. And with this immense superiority in favor of the protective power of vaccination over unmodified small-pox, namely; that it is not contagious; does not endanger life; does not engender scrofulous disease; does not disfigure the countenance, nor cause deafness nor blindness, and does not cut off one in every four to eight affected by it—with all of which small-pox is justly chargeable.

By estimating the result of the foregoing statistics (chiefly obtainable from the returns of the Epidemiological Society of London, and more might be furnished), embracing carefully recorded and reconcilable points of observation for nearly 200,000 cases, we are justified in accepting this experience as a safe criterion by which to base an estimate for any number of cases, great or small.

The conclusions elucidated from the data given, are:

1. That vaccination is immensely protective against epidemic diseases generally, and against small-pox in particular; and against death by small-pox, the protective power of vaccination is almost perfect.

2. That of any number of persons who have had unmodified small-pox, the proportion wholly protected from a second attack at adult age, is 43 per cent., while 57 per cent. are liable to it again in some form or other.

3. That out of any number of adult persons who have good marks of vaccination, $40\frac{1}{2}$ per cent. are perfectly protected; while $59\frac{1}{2}$ per cent. are susceptible to varioloid, or to re-vaccination to such a degree as to render their protection perfectly complete.

4. That the degree of protection afforded by previous unmodified small-pox, from a second attack, is only $2\frac{1}{2}$ per cent. greater than the protection afforded by vaccination; a proportion too small to be regarded as any evidence of real difference in protective power, and reasonably attributable to spurious or impaired vaccination from a variety of causes, such as vaccination during the progress of other diseases, injury of the vesicle or defective lymph.

5. That out of any number of adult persons with imperfect marks of vaccination, 23 per cent. only are protected, while 77 per cent. are liable to small-pox or varioloid.

6. The liability to varioloid after ten years of age, of persons vaccinated under three years of age; and the increased liability again from fifteen to twenty-five years of age, of persons vaccinated or re-vaccinated at from ten to fifteen years of age, demonstrates that,

generally, protection by vaccination under twenty-five years of age is complete for about seven years only. Subsequent to twenty-five years of age, protection is complete for a greater length of time, proportionate to the age of the individual at the time of the vaccination.

7. That during the prevalence of an epidemic of small-pox there is increased susceptibility to the disease, and the degree of protection from previous vaccination is proportionately lessened. Under such circumstances, therefore, it is incumbent to re-vaccinate at intervals not exceeding five years; and in cases of certain exposure as soon as practicable thereafter, as there is abundant evidence of the protective power of vaccination and re-vaccination even as late as the fourth day after exposure to small-pox.

8. Protection is known to be complete only when fresh vaccine lymph from a perfect vesicle fails to take on re-vaccination.

A. N. BELL, Brooklyn, N. Y.

J. P. LOINES, New York.

H. D. BULKLEY, New York.

A. NEBINGER, Philadelphia.

JAS. F. HIBBERD, Richmond, Ind.

Editorial Abstracts and Selections.

SURGICAL.

1. *Excision of the Tongue.*—Some years ago I endeavored on two occasions to afford relief from disease of the tongue, otherwise incurable, by cutting out the entire organ; but, as both cases terminated unfavorably, I felt no desire to repeat the experiment, and have repeatedly declined doing so under circumstances of a very urgent character. In the early part of November past, Mr. W——, aged 52, from Manchester, applied to me on account of a very formidable morbid condition, affecting his tongue. From its point to the root it was swollen and indurated, the surface being of a brown color and roughly tuberculated, so as to resemble the back of a toad. It was also nearly quite immovable, and, from completely filling the mouth, not only preventing articulation, but rendered deglutition impossible with respect to solids, and extremely difficult in regard to fluids. From the same state of matters, there was a most offensive fetor through mucus secreted by the unhealthy surface not being permitted to escape.

The patient informed in writing that he had suffered from uneasiness in his tongue for many years, but that neither articulation nor deglutition was seriously affected until 1862, since which time he had been under medical treatment in London as well as Manchester without experiencing any benefit. As palliation seemed all that

could be expected, I offered some suggestions with this view, and advised that no time should be lost in returning home. But soon after his arrival there, I began to receive from the patient very painful letters, reporting aggravation of the symptoms, especially in regard to deglutition, so that death from starvation seemed imminent, and urgently desiring some means of relief. To these appeals I replied that the only effectual remedy was removal of the tongue, and that this could not be done without very serious danger to life, so that the operation promised nothing more than a chance of escape. This slight encouragement brought the patient back, and he arrived here on the 27th of December.

Being thus as it were compelled to make another trial of excision, I carefully considered all the circumstances concerned that might tend to interfere with its successful performance. Of these the one which most prominently presented itself was the prevention of voluntary deglutition that must result from depriving the os hyoides of the power by which it is drawn forwards. In the common cases of cut-throat, where a large transverse wound is made into the pharynx, although the suicide rarely accomplishes his object in the first instance, he still more rarely escapes the fatal effect of pulmonary inflammation induced by irritation propagated from the larynx; and I did not forget that both the patients on whom I had performed the operation in question died from purulent effusion into the lungs. Instead, therefore, of cutting through all the muscles of the os hyoides, as had been done in the former cases, I resolved to retain the mylo-hyoidei and genio-hyoidei entire, and divide merely the attachments of the genio-hyoglossi. I also thought it would be better to perform the operation without chloroform, since the patient, instead of lying horizontally, might thus be seated on a chair, so as to let the blood run out of his mouth, and not pass backwards into the pharynx.

The operation was performed on the 29th, with the assistance of Mr. Annandale, Dr. Sewell, and Mr. Cheyne, to the first of whom I am especially indebted for his able co-operation. Having extracted one of the front incisors, I cut through the middle of the lip and continued the incision down to the os hyoides, then sawed through the jaw in the same line, insinuating my finger under the tongue as a guide to the knife, divided the mucous lining of the mouth, together with the attachment of the genio-hyoglossi. While the two halves of the bone were held apart I dissected backwards and cut through the hyoglossi along with the mucous membrane covering them, so as to allow the tongue to be pulled forward and bring into view the situation of the lingual arteries, which were cut and tied, first on one side and then on the other. The process might now have been at once completed, had I not feared that the epiglottis might be implicated in the disease, which extended beyond the reach of my finger, and thus suffer injury from the knife if used without a guide. I therefore cut away about two-thirds of the tongue, and then, being able to reach the os hyoides with my finger, retained it there while

the remaining attachments were divided by the knife in my other hand close to the bone. Some small arterial branches having been tied, the edges of the wound were brought together and retained by silver sutures, except at the lowest part, where the ligatures were allowed to maintain a drain for the discharge of fluids from the cavity.

Next day I visited the patient, and finding him in all respects comfortable, inquired if he could swallow. In reply he pointed to a drinking-cup containing milk, and intimated that he wished it to be filled; then, placing the spout between his lips, while his head was bent backwards, he drank the whole without any cough or sputtering. Having seen this, I felt assured that the result would be satisfactory, and was not disappointed, as everything went on well afterwards. The only inconvenience experienced was from the edges of the jaw being occasionally displaced; but this was easily remedied by an ingenious contrivance of Mr. Wilson, the dentist, who, finding that a silver cap inclosing the teeth, was not sufficient for the purpose, fashioned a shield of gutta-percha embracing the chin on each side, and secured to the metal plate by a wire.

Under an ample supply of nourishment by milk, soup, and soft solid food, there was a rapid return of strength, so that an improvement in this respect was almost daily observable; and before the end of three weeks the patient declared that he had never felt better in his life. He returned to Manchester on the 23d of January.—PROF.

JAMES SYME in *Lancet*.

2. *Anæsthesia by Chemically Pure Ether*.—MM. Regnault and Advian, pharmacutists, laid before the Imperial Academy of Medicine, Dec. 29, 1864, a work on the method of obtaining chemically pure sulphuric acid. M. Gosselin stated that at the request of MM. R. and A., he had tried their pure sulphuric ether, and found its effects far more rapid and certain than that of ordinary ether, and that the period of excitement did not occur. Four to eight minutes sufficed for the production of complete anæsthesia, and as death had been produced in a certain number of cases from the inhalation of chloroform, whilst none had resulted from ether, he thought the latter should be preferred to the former.—*Revue de Therapeutique Med. Chir.*, Jan. 15, 1865.

PRACTICAL MEDICINE.

3. *On Pulv. Jacobi Verus*.—PROF. PROCTOR—DEAR SIR:—Inclosed I send you an ancient piece of pharmaceutical literature, to which I have added the translation. I thought from the celebrity this powder has, that the original formula might not be uninteresting to your readers. Dr. James undoubtedly intended the old formula more for fevers than a simple diaphoretic—malignant fevers at that time greatly prevailing. But I believe that he must have subsequently abandoned the latter part of the preparation. The quantities used, and the proper way to make it, James undoubtedly kept a secret in his family—the grandson being the present maker—as no preparation like it has ever been made that has shown the uniform

effect it does, besides leaving no irritation on the bowels, which all other antimonial powders do, especially on patients residing in hot climates.

I have for the last ten years used the “*Pulv. Jacobi Verus*,” in my practice with great success, especially in pneumonia of children, etc.; and my colleagues here, have since adopted it with great satisfaction.

Newberry & Son’s preparation is next in effect to James’s, and in small doses, have thought it equal to it; but when you have to give from ten to twenty grains, none can compare to James’s. I have always been able to detect when a spurious article was substituted in any of my prescriptions, by finding my patient immediately nauseated, with griping of the bowels, and frequently severe purging ensued.

Very truly yours,

DR. J. S. UNZICKER.

PULV. JACOBI VERUS—OR JAMES’S POWDER.

As given by Donald Monro, in the *Pharmacopœia Universalis*, page 264. Extracted from the Records of Chancery, London. Signed and sworn to by Robert James. 1746.

R. Sulphureti Antimonu quantum vis. Calcino in crucibello, parvam Natri nitrici copiam, et Oli Animale Dippeli guttas aliquot addendo, donec massa alba evaserit; tum Nitri parvam copiam adde et liqua; ab igne remotum lave Aqua calida et sicca residuum.

Quo facto amalgama e Mercurii, Argenti et Reguli Antimonii martialis partibus æqualibus, addita Salis Ammoniaci quantitate sufficiente, paratum infunde supra novam Argenti, Antimonii et Salis copiam, quam operationem octis et novis repete. Tum ut solvatur, in Acidum Nitricum purum immette, decantha sedulo, et evaporato, residuum calcina usque colorem aureum obtinuerit et in Alcohole lava, quo facto hujus producti granum cum granis triginta illius e calcinatione sulphureti commisce.

TRANSLATION.

Take Sulphuret of Antimony, as much as you like, a small quantity of Nitrate of Soda, and drop in some Animal Oil of Dippel. calcine in a crucible until the mass is white; after which add a small quantity of Nitre, and bring it to a flux; then remove from the fire, wash with warm water, and dry the residue.

After this is done, amalgamate equal parts of Quicksilver, Silver, and metallic Antimony, adding a sufficient quantity of Sal-Ammoniac. When ready, pour over a new quantity of Silver, Antimony, and Salt; * this operation repeat eight or nine times. Then dissolve in pure Nitric Acid, decant the liquid carefully from the sediment and evaporate and calcine the residue until it assumes a golden color, and wash in Alcohol; of this, in this way prepared product; mix a grain with thirty grains of the above sulphurated calcination.

*[NOTE.—In some versions of this recipe, the amalgam is directed to be distilled, and the mercury returned and re-distilled eight or nine times.—ED. AM. J. PH.]

Cincinnati, Ohio, Jan. 30, 1865.

THE CINCINNATI LANCET AND OBSERVER

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E. B. STEVENS, M.D., AND J. A. MURPHY, M.D.

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Original Communications.

ARTICLE I.

Cerebro-Spinal Meningitis.

BY J. H. CLARKE, M.D., MECHANICSBURG, O.

NOTWITHSTANDING very much has been written and published in medical journals of late upon the so-called spotted fever, as it has prevailed in different localities of the West and North-West, I venture to give for publication in the *Lancet and Observer* a synopsis of a few cases of the disease as it has recently occurred in this region, hoping not to be considered advertising, as I shall report fatal as well as favorable cases.

Two fatal cases were brothers, aged respectively twelve and fourteen years; were seized without any premonitory symptoms with a decided chill, vomiting, and in one of the cases purging; soon crying out with pain in the head, pain and tenderness in the occipital and cervical regions, rapidly extending down the spine to the lumbar vertebræ; exalted sensibility of the cutaneous surface and fugitive pains in the limbs; rigidity of the muscles of the neck; tendency to episthotonos; tongue coated and dry; pulse frequent, 140 to 150, quick and small. In one case, there was contraction of one pupil and the utmost dilatation of the other; while in the other case, both pupils were dilated, great prostration, coma and low, muttering delirium; death closing the scene in one case in thirty, and in the other, in about forty-eight hours from the first attack.

The spots, which were visible soon after the chill, on one of the boys were of the character of purpura, changing but

little ; while on the other, they began with a small, red speck, enlarging in a few hours many of them to a half-inch in diameter, and turning jet-black.

The cases having a favorable termination were modified, being attacked similarly to, but less violently than the above. The cerebro-spinal disturbance always present in a greater or less degree ; the spots or petechiæ not always present ; respiration generally a little hurried ; moderate reaction coming on after the chill, with flushed face, wild expression of the eyes, moderate arterial excitement ; pulse after a while becoming slower and fuller, symptoms generally making a diversity of changes after periods of variable duration ; convalescence usually established in eight or ten days. One case, however, in the hands of a neighbor physician, taking on a typhoid condition, has already continued five weeks, and likely to run for days yet, and uncertain as to termination.

This is supervening an epidemic of typhoid fever we have been having for months back.

Upon reflection, the query naturally arises, Is the disease in question cerebro-spinal meningitis proper ? If so, antiphlogistic treatment is called for, but in the above cases, it certainly would have been powerless of good. In the two fatal ones as described, reaction not coming on, antiphlogistic treatment would have given an impetus, if possible, to its rapidly fatal course, and harmless, doubtless, in the favorable cases, as in none did a high febrile excitement occur. But is it not rather a form of malignant fever, the result of a specific blood poison, attended with the cerebro-spinal disturbance. The spots or petechiæ indicating the malignancy, and not the type of the disease.

Founding my treatment upon this view of the disease, I relied upon the free administration of tinct. ferri chlor. quinine, chlor. potass., stimuli, hyosciamus, etc. ; ice cold to the head, hot pediluvia, sinapisms, etc., modified and proportioned according to indications.

ARTICLE II.

"Epidemic Cerebro-Spinal Meningitis."

BY GEORGE N. DUZAN, ASSISTANT-SURGEON U.S.A., NASHVILLE, TENN.

So much has been written embracing the symptomatology of this disease, that but little can be added. While the symptoms of this disease are familiar to every one, its etiology and pathology are yet in obscurity, or but imperfectly understood. That it is a disease in which the nervous system is chiefly involved, is the popular belief. But is it a nervous affection *sui generis*? Do the phenomena which this disease present depend upon an affection of the nervous system brought about by an extraneous morbid agent having a peculiar predilection for the nervous system, independent of predisposing causes?

If these inquiries are answered affirmatively, we must admit that there is a specific poison which exists in the localities where the disease is prevalent, and that all individuals in such localities are alike subject to it, and will be alike affected. If we regard the theory of a specific poison as untenable, we must then admit that there is a condition of the constitution of individuals affected predisposed to the influence of an extraneous morbid agent, or that the disease is the result of a poison generated in the system independent of any external agency.

The fact that the disease is epidemic, will lead us to conclude that there is a cause peculiar to the localities where the disease is prevalent, and that all individuals in such localities are not alike affected by it, will be accepted as evidence against the theory of a specific poison, hence we are led to infer that there must be a constitutional condition of the individual affected which renders the nervous system peculiarly susceptible to the influence of some noxious agent. What is this noxious agent? It can not be generated within the system independent of external agency, because the disease is endemic in its character. We are, therefore, led to believe that the disease is the result of a *cachexia* acted upon by an *extraneous morbid*

agent, and that the constitutional condition which renders the nervous system peculiarly susceptible is essential to the production of the disease. When this is absent, a disease of another type is the result.

That when the nervous system is inadequately supplied with duly vitalized blood and the demand for nervous influence undiminished, will produce an excessive excitement of the nervous centres is well understood. When the nervous system is thus abnormally excited by an impoverished condition of the blood, any cause tending to further depression of vital power, may produce total cessation of vital action or a low form of inflammation in which the cerebro-spinal nervous system will be most involved. Relative to the nature and origin of this noxious agent, which is instrumental in producing the disease by acting upon individuals whose blood is impoverished, vital power reduced and nervous systems abnormally excited, but little is known, but much may be conjectured, it will doubtless be understood when miasmatic poison is fully comprehended.

ARTICLE III.

Case of Malposition of Abdominal Viscera.

BY JOSEPH B. RUTTAN, A. A. SURGEON U.S.A., GALLIPOLIS, O.

ROBERT ARMSTRONG, private Co. A. First N. Y. V. V. Cav., light complexion, blue eyes, gray hair, six feet high, 32 years of age, single, by profession a clerk; born in Ireland; enlisted Sept. 7th, 1863, at Syracuse, N. Y., to serve the period of three years.

He was transferred from Post Hospital, Charleston, West Va., to the U. S. A. General Hospital, Gallipolis, Ohio, on the 20th day of March, 1865, with chronic diarrhœa of some months duration. He was very much emaciated, having some six or eight passages in twenty-four hours, of a light color, mixed with considerable mucus and pus, with great tenesmus. Pulse 85, tongue furred and skin dry. He was immediately put on milk diet, with a tonic and astringent course of treatment.

As my object in reporting this case is not on account of the treatment which he received, but owing to the position which I found the organs occupying in the thorax and abdomen. I will not report it at length, but would state that he gradually improved up to the afternoon previous to death.

That day, 4 P. M., while walking through the ward, I noticed the patient seemed very tired and exhausted. On inquiry, found he had been writing home, and the effort which the act required had left him very much fatigued. The following was ordered: \mathcal{R} Vini Gallici, $\mathfrak{z}\mathfrak{j}$. To be taken immediately.

At 6 P. M. found him intoxicated. The nurse informed me that he got up and helped himself to four ounces of brandy. On upbraiding him for his conduct, he confessed he did wrong, stating that as he felt very weak, he was induced to drink more freely than he otherwise would have done. As he had not taken any food since morning, I ordered him a pint of chicken broth, to be given *ad libitum*.

Revisited patient at 10 P. M., and found him asleep. He had partaken of the broth several times which was ordered at my previous visit. Pulse 88 and firm.

April 1st.—Patient died at 4 A. M. Previous to death, told his attendants he was drunk. Autopsical examination nine hours after death. The lungs were normal in color and size. The heart was situated on right side of the sternum, the pericardium contained a great quantity of serum. No congestion in either organ.

The liver occupied the left hypochondriac region, the right lobe being smaller than the left, in the same ratio that the left is smaller than the right in the normal subject. Its inferior border was strongly adhered to transverse colon. Gall bladder distended with bile.

The stomach was situated in right hypochondriac region, the great end occupying the extreme right, the small running from right to left, was strongly attached to transverse colon, so firmly adhered that they formed a solid mass.

The spleen was also situated on the right side, having the same relations to the organs of that side as it has when situated on the left, its lower end was adhered to right kidney.

The small intestines were congested through their entire extent.

The caput coli occupied the left iliac fossa ascending left side, crossing from left to right, descending right side, its transverse portion being ulcerated through all its coats except the peritoneal, with general congestion.

The rectum was very much thickened, possibly to the extent of half an inch.

Medical Societies.

Extracts from the Proceedings of the Wayne Co., Ind., Medical Society.

Reported by W. P. WARING, Secretary

April 6th.

THE society met in Dr. Hibberd's office at 2 o'clock P. M., and was called to order by the Vice President, Dr. Kersey. The minutes of last meeting were read and approved, and the regular order of business gone through with.

The Committee on Meteorological Instruments report that they have placed the instruments in the hands of John Valentine, and have produced his report of observations for the three winter months, which has been read, and on motion of Dr. Francisco, is ordered to be filed with the papers of the Society.

The annual election for officers of the Society resulted as follows: For President, Dr. V. Kersey; Vice President, Dr. C. W. Woollen; Recording Secretary, Dr. W. P. Waring; Corresponding Secretary, Dr. Haughton; Treasurer, Dr. McConnell; Censors, Drs. Hibberd, Francisco and Woollen.

Dr. Woollen proposed the names of Drs. Courtney, Clark and Robbins, and Dr. McConnell the name of William Evans, as applicants for membership.

Dr. J. Q. A. Robbins is appointed Essayist, and Dr. Woollen Alternate.

The Essayist appointed at last meeting being absent, the Alternate, Dr. Waring, read the reports of two cases of poisoning with Gelsemium, one of which occurred in his own practice, and was successfully treated with morphia. The

other occurred in the practice of Dr. Hibberd some four years since, and recovered under the use of local stimulants and artificial respiration.

TWO CASES OF POISONING WITH GELSEMIUM.—*Dr. Waring*, reported as follows: I was requested on the evening of March 4th, 1865, to visit in haste Mr. W., aged 43 years, who was stopping at one of our hotels. I found him entirely conscious, but unable to articulate or to swallow; his circulation but little disturbed; skin moist; pupils largely dilated. His attendants were attempting to force some brandy and water into his mouth, which he resisted with almost convulsive efforts. When let alone, he would soon drop into quiet repose, with slow, short, imperfect respiration, which failed so rapidly as soon to suggest the necessity of rousing him up. His sense of hearing seemed perfect, and when aroused, he would make robust efforts to articulate, to swallow, and as it were, to get something out of his throat. While his tongue seemed paralyzed, an examination satisfied me that it was not interfering with respiration. So far no one seemed to have anything like a reasonable idea of the cause of the trouble. The clerk informed me that Mr. W. had been drinking freely, and that his present condition was no doubt the result of it. But this did not solve the problem in my mind, as it was unlike any case of *mania potu* I ever witnessed or seen described. I called for Mrs. W., who had left the room, unwilling longer to witness the agony which her husband seemed to be in. Her story was this—she had gone to a drug store in the afternoon to get some tinct. valerian to quiet his nerves. An Eclectic physician then suggested the use of gelsemium, and furnished her a vial of the tincture, with directions to give one teaspoonful every hour, but afterwards changed the instructions, for the dose to be half a teaspoonful. After the third dose he became dull and listless, and immediately after the fourth dose she brought him his supper, but on attempting to eat said he could not see. She offered to feed him, but he could not swallow, and he now discovered that he could not articulate.

I saw him in a few minutes afterwards. Careful inquiry satisfied me the dose had been somewhat larger than directed,

Mrs. W. having been assured by the doctor that the medicine was harmless. Notwithstanding I had no knowledge at that time of any case of poisoning with this drug, I had but little hesitation in announcing at the conclusion, that the symptoms before me were the effect of it. What should be done? The last dose had not yet had time to spend its force. Was there an antidote? Would the powers of Nature carry my patient through? Leaving the two last questions unanswered, I determined that something must be done, and done quickly. The pupils were largely dilated, and with this fact for a basis to act upon, I concluded to give a prompt dose of morphine. I dissolved half a grain in a teaspoonful of water, and with great difficulty got him to swallow it, but not without producing cough, strangling, etc. In thirty minutes the pupils were less dilated, he swallowed a little water, and could articulate a few words imperfectly. In fifteen minutes more, he called for water, drank freely, and in one hour from the time he took the morphia, his pupils were about natural, he was sitting up in bed conversing freely, but his tongue was still thick as he expressed it, and some words he could not get out. He had a most terrible dread of another attack, but slept well that night, and next morning felt no inconvenience except some sickness, apparently from the effects of the morphia, which he had not been accustomed to taking. He stated that he was perfectly conscious of everything that transpired during his attack, that he felt as though everything was stopping, and that he was going to die, without being able to let his friends know it. There was no disposition to move a muscle, and it was only the conviction that quietness would be fatal, that stimulated him to make the exertion he did. The brandy and water he felt sure would have produced fatal strangulation had they succeeded in getting it into his mouth.

In this case I have no doubt the morphine had a prompt beneficial effect, and in this connection I wish again to call attention to the fact, which I believe is pretty well established, that opium is the most efficient antidote, not only to the poisonous influence of gelsemium, but to all that class of narcotic poisons which come under the head of Mydriatics.

Since writing the above sketch, my friend, Dr. Hibberd, handed me the following report taken from his note book. This case illustrates more fully the poisonous effects of gelsemium, which is made an officinal drug in the new edition of the U. S. Dispensatory, with simply an allusion to the fact that it may produce death in over doses, without any suggestion as to antidote or treatment for those unfortunate cases.

DR. HIBBERD'S CASE.—On the 23d of April, 1861, I was called to see Mr. Blank, a lawyer, aged about 50. He had a chill the day before from excessive physical labor, as he supposed, and for which his son, a druggist's clerk, gave him twelve grains of quinine in three doses. On the morning of the 23d, he had headache, and for this his son directed ten drops of Tilden's fluid extract of gelsemium, to be given every hour.

Mrs. Blank gave him ten drops at 8 o'clock, and ten more at 9 o'clock, but thinks likely, as she was not particular in counting, that she gave more than ten drops each time. At 10 o'clock, the son gave ten drops exactly, he says, and at 11 o'clock, finding something wrong, they sent for me.

In a few minutes afterward I saw him. He made two respirations after I reached his bed-side, then breathing ceased. His pulse, hardly perceptible at the wrist when I first saw him, ceased also, but his heart pulsated slowly, say twenty times per minute. Lower jaw fallen, eyes closed, pupils dilated, skin and extremities warm.

He seemed about to expire, and whatever could be done must be done instantly. I caught hold of his shoulders and pulled him over on to his side, and then pushed him back again to the supine position, and repeated the operation slowly. In, perhaps, half a minute, perhaps a whole minute, he made a full convulsive inspiration, followed by several moderate complete respirations, the motion of his body being still kept up. The pulse came again to his wrist, and his heart beat regularly and rapidly. This lasted but a few moments, when the pulsation of his radial artery again become imperceptible, and his breathing ceased for a moment, and then, as before, a renewal of his respiration and circulation, beginning with a

spasmodic inspiration. This was repeated four or five times ; meanwhile the rolling motion of his body as a means of artificial respiration was kept up, frictions to his extremities, and his spinal region rubbed with brandy and capsicum. His mouth was wet with brandy occasionally, and at the end of an hour and a half his respiration was permanently re-established, his pulse 130, and he swallowed water first and then some dilute brandy. In three hours his consciousness returned, and he was soon clear of the effects of the poison and no ill consequences followed.

He reported that the muscular power of his legs first failed, and then of the system generally, his mind remaining clear after he had lost the ability to use his voice. Before he lost consciousness, he felt convinced he was about to die, and it was agony to have such a conviction without ability to utter a word or in any way make it known to his family around his bed.

Dr. Hibberd remarked that he had no doubt Dr. Waring's case was much better treated than his own, and that opium in some form was the proper antidote for poisoning, not only with gelsemium, but with all the mydriatics. When his case occurred, this fact was not fully recognized. Some inquiry was made by different members in regard to the virtue of the drug as a remedy. The testimony in its favor was not very strong. From reports it would seem that its action is not uniform, that unpleasant effects have resulted from its exhibition when proper caution was observed. Dr. Hibberd had used it with apparent advantage in metritis. Dr. Waring had seen unpleasant effects in an adult from five drop doses of Thayer's Fluid Extract, repeated at intervals of three hours.

Proceedings of Dennison Medical Society.

Reported by A. S. STEVENS, A. A. Surgeon, U.S.A., Secretary.

The President, Dr. Chapman, in the chair, *the Hygiene of a Sick Room* being the subject.

Dr. Grube remarking that the Surgeon in charge had adopted the motto—" *Juniores ad labores, Seniores ad honores,*" it

would fall upon him to open the discussion. He regards hygiene as a subject of first importance, and especially in treating diseases of the army more important than the whole pharmacopœia. The patient is constantly under the influence of the air in the sick room; it is constantly inhaled by the lungs, and also has its action upon the surface. Hence great attention should be given to remove all impurities from the room, and especially the excretions. There being an exalted circulation in many diseases, the exhalations are much increased. The proper ventilation of the room which the sick constantly occupies, is always important. He alluded to various noxious gases which are liable to arise, particularly sulphuretted hydrogen. It has a characteristic odor, and is very noxious and poisonous. An atmosphere containing one part in a thousand of this gas, will give rise to vertigo, general uneasiness, and cause death in a week, and it is only one of a variety of such agents that may be present. Uric acid is not gaseous, but upon decomposition, there is a poisonous exhalation, such as results from animal decomposition. The most common fault is the accumulation of carbonic acid, and it is therefore more important to guard against it. The proportions of the atmosphere are universally about the same, being nearly 210-79 H. Carbonic acid is a negative poison, displacing the proper constituents. He alluded to the reversed order of respiration in plants as interesting.

He considered various plans of ventilation. He thought ventilation by one aperture a common error. In quiet chambers, carbonic acid having a greater sp. gr. than remains at the lower part, there should be an opening above and below. He objected to the plan of ventilating by an aperture through the floor, as the basement is liable to contain impure air.

Dr. Cheney alluded to the ammoniacal or nitrogenous gases resulting from decomposition. He concurred in the importance attached to hygienic measures. He believed in pure air, water and food, and little medicine.

Dr. Paulding remarked that great faults were committed in warming the room. The atmosphere furnishes ozone, a principle essential to health, which may be destroyed by warm

tubes, etc. He also considers stoves objectionable. He alluded to the prevalence of hospital gangrene during the Peninsular War from over-crowding the patients, the prevalence of cholera in the close streets of cities, that the latter disease had raged with great violence in the winter season, a season when it nearly ceases, in the north of Poland, owing to the fact that the inhabitants had been induced by the coldness of the season, to dwell in crowded apartments, and inhale an impure atmosphere. He also illustrated the subject by the beneficial effects experienced in Cairo, in abolishing the Plague, by means of widening the streets of the city.

Major M. Dermont conceded to Dr. Grube a liberal share of honors for the able manner in which he had introduced the discussion. He stated that the atmosphere of a sick room might be rendered very deleterious by improper heating, resulting in too great an evaporation of the hydrogen. He approves of base ventilation, and thinks there is too general a lack of it, and the best point to admit the air is underneath the stove. He would meet the objection of a close basement, by having outlets to the external air. The means provided for ventilating Dennison Hospital are sufficient, but the means are not always made available. We must not depend upon the senses to test the purity of the atmosphere, but look to the means employed. Tents have been considered better suited to hospital purposes, but he prefers suitable buildings. In winter, tents were often too much closed.

Dr. Chapman proposed a plan of ventilation which also economizes fuel and gives a more equable temperature. The air is admitted beneath the stove, and there is also a narrow channel, having an opening near the floor, conveying the air through the roof. This is a displacing apparatus, the rarified air at the upper part of the room is forced to descend, and a perfect circulation secured. He also spoke of the amount of moisture in the atmosphere on a fair day, say at seventy degrees, being equal to one and a quarter pounds in a thousand cubic feet of air.

March 7th, 1865.

Dr. Salé commenced the discussion of the subject, *Diarrhœa*, by remarking that we were chiefly interested, as the disease occurs in army practice. He enumerated the causes as follows: 1st. Determination of fluids to internal organs from exposure to dampness and cold; 2d. Sameness of diet; 3d, The manner of eating. Soldiers are apt to bolt their food hastily without proper mastication. In the treatment of diarrhœa, he would give especial attention to diet, enjoining thorough mastication, and provide for change. He thinks tannin and laudanum, combined with tinct. ppt. and brandy very useful. Tannin and opium are said to be incompatible, but experience proves the combination useful. He thinks it possible that being combined they may redissolve in the lower part of the bowels.

Dr. Williams concurs in the main as to the causes of diarrhœa. Thinks that exposure is a very prolific cause. The diet of the army consists mainly of bread and salt meat, without vegetables, hence a scorbutic tendency is developed, and he has often found that condition connected with diarrhœa proceeding from scurvy. When men have free access to a change of diet they are apt to overload the stomach. Also the food is generally badly cooked, and not well masticated. Beans is an article that is often not half cooked. In the treatment, he found ipecac useful, given in the dose of one grain every two or three hours. He regards change of atmosphere and diet as the only effectual remedy.

Dr. Chapman stated he had no experience in the field. In his division, chronic diarrhœa was a speciality, and he met mostly with old cases. The treatment varies very much. When there was pale, glazed tongue, with frequent watery stools, he used the following prescription: Sulph. Magnesia, Tinct. Opii, Tinct. Camphor, Tinct. Cinnamon, Tinct. Ol Menth Pip, aa. 3j; Syrup Gum Acacia, 3xvi. Dose: a tablespoonful every four hours. He had tried the bromine treatment, but only one case was benefited by it. Some cases are worse at night, and seem to have a miasmatic origin. In these cases, he gave quinia combined with diarrhœa mixture, No. 1, with

the happiest success. He also found benefit from astringents, as tannin, opium and acet. plumbi. Stimulants are usually required. In some cases, there is ulceration of the rectum, which are relieved by injection of nit. argenti. A suppository of sugar of lead and opium is also useful. He had sometimes used diarrhœa mixture, No. 1, and turpentine emulsion, also Hope's Mixture, and bathing the bowels with turpentine. Especial attention should be given to diet. It would be well if beans were entirely excluded from the hospital, and even hominy. He found little benefit from milk diet. He preferred codfish and potatoes, and ham. A nutritive diet in little bulk was desired. In advanced stages, the following prescription is often beneficial: Bismuth Sub. Nit. gr. v; Carb. Soda, gr. iv; Morphh. sulph., gr. $\frac{1}{2}$.

Dr. Cheney said he had found a great difference in domestic and army practice. Cases occurring in the first usually require only a cathartic followed by an anodyne. Diarrhœa is a disease peculiar to all armies. The outlines of treatment are tonics and astringents, means to determine to the surface, and digestible food. He was pleased with *Dr. Williams'* use of ipecac, and recommended warm clothing, a roller of flannel about the bowels, and tepid bathing. He had tried nearly all remedies recommended, and found that all are sometimes successful, and all sometimes fail. He mentioned that some surgeon in this hospital had been in the habit of giving at bed time two grains of opium and ten of tannin, with a view to giving rest, and that the treatment was successful. He used turpentine emulsion quite freely, combined with bismuth. Where there were glairy mucous discharges, he gave chalk mixture, morphine and kino.

Dr. Temp'le thought the subject pretty well exhausted. Thinks the causes not well defined. Considers the diet of first importance, indigestible food being a chief cause. There is a distinction to be made in character of cases. We have diarrhœa without emaciation. Men entering the army make great changes in their habits. Their hours are irregular. Their food is not so well prepared, consisting mostly of pork and beans, and furnished at improper intervals. They are much exposed

to cold and dampness, and often in a malarious situation. In the treatment he does not favor saline cathartics. Likes a combination of ferri persulphas, quinine and opium; sulph. cupri and opium not so good. Hope's Mixture is efficient in a large number of cases, and stimulants. He also uses chalk mixture and morphine. Does not use vegetable astringents at all. He uses bismuth in a specific variety, where there is gastralgia, combined with sugar of lead and capsicum; finds no benefit otherwise. In diarrhœa dependent upon indigestion, he gives: Tinct. cinchon and gentian. He has no decided opinion about the effect of Fowler's Solution. Likes a good diet, even vegetables as onions. Was glad to hear the President approve of fish.

Dr. Paulding stated that he thinks bad diet the principal cause. Thinks turpentine stupes of great benefit. Approves of good nourishing diet. Gives ferri per sulph. and morph. when there seems to be ulceration of the bowels.

Dr. Grube thinks that army bread, hard tack, is best for men on the march. Fresh beef causes diarrhœa, not in itself, but the cattle are generally hard driven and overheated. Chronic diarrhœa is most apt to occur in camps from bad ventilation, combined with bad food. The surroundings are bad; atmosphere, bad food, and bad water, the latter collected from surface drainings. Mental causes are of minor importance.

On motion, Major McDermont was invited to read an essay at some future meeting.

Hospital Gangrene was selected as the subject for next meeting.

March 14th, 1865.

Dr. Grube commenced the consideration of *Hospital Gangrene*. He stated that it was a disease manifesting itself in portions of the system, usually in wounds. There is usually a depressed vitality, from wounds, from vitiated atmosphere, mental depression, and other depressing causes. Hospital gangrene usually has its origin in wounds, but they are not alone the cause of the disease. It occurs after battles, where the surroundings are bad. The chief cause is vitiated atmo-

sphere and insufficient ventilation. The patient should be isolated, if possible. He had found patients doing best who were exposed on the piazza to the open air, with sufficient clothing to keep warm. Tonics, stimulants, local and general, are required, and a good nutritious diet. Before sloughing had commenced, he would apply a yeast poultice. The gangrenous portions should be removed by nitric acid, then deodorizing agents, as chlorinated soda or permanganate of potash. The apartment should also be deodorized. Bromine is used instead of nitric acid. He has no partiality between them. As a deodorizer, he prefers permanganate of potash. It is unirritating, and has no odor of its own.

Dr. Cheney said that he agreed as to the causes stated. In most diseases of the army, there is a lowered vitality, an asthenic condition. Yet he had seen wounds becoming gangrenous where the patient was apparently in good health, and he suspected there was some specific cause additional. He had observed a difference in cases, and described a case, presenting first an areola, then a small excavation of the size of a hazel nut, with a black lining. He applied the nit. argent. and a flax seed poultice, but it continued dry, hard, without fetor. He cut out the part and applied nitric acid, but no demarcation was obtained till the original hard, tumefied spot had all sloughed out.

He detailed a second similar case. He also agreed in the treatment recommended. Prefers nitric acid to bromine, its effects are more controllable, and application less disagreeable. He follows with sulphate of copper, two grains to aqua 3j. The appetite is generally bad, and a cathartic of Rhei and magnesia, or blue pill, is beneficial. He gives ale, mur. tinct. ferri, and sometimes quinine. Prefers sulphate of copper as an application to chlorate of soda.

Dr. Sale said he had seen three hundred cases during the last two years. He differs from the statement made as to the causes. His first experience of the disease was after the battle of Stone River. There were no cases of hospital gangrene after the battles at Fort Donaldson and Pittsburg Landing, although there was bad location and bad hygienic conditions.

There are two stages or conditions, a local condition and a constitutional one. The first requires merely local treatment; the second requires constitutional treatment. • As to local treatment, the best and pleasantest deodorizer is logwood in cataplasm, combined with farina, or in decoction. The usual duration of the disease was twenty-five days. The odor disappears after the dressing mentioned. The next best application is bromine, then dress with cerate or oiled silk.

Bromine is more painful and disagreeable. He advised chloroform, not only because it relieves the pain during cauterization, but it has a good effect when the patient is weak and worn down. When the constitution is effected, he recommends vegetable tonics, cit. iron and quinine, ale, etc. The duration depends much upon the tissue affected. In the cellular and muscular tissues the disease is easily arrested. It can not be arrested in the tendons and their sheaths, until the affected portions are entirely removed, and the limb will sometimes require amputation. Proper pus cells are not formed while the disease continues.

Dr. Grube explained that he considered hospital gangrene having its origin in crowded rooms, not in impure water, or the surroundings of a battle-field.

Dr. Chapman said he had pursued a treatment slightly different. He cleansed the wound thoroughly and applied nitric acid. In the after treatment he applied dry charcoal, and covered this over with a mixture of charcoal and flax seed meal, equal parts. He likes the solution of sulphate of copper mentioned by *Dr. Cheney*. He thinks bromine arrests the sloughing equally as well as nitric acid, but the parts do not heal so well. It often produces inflammation of the sound parts. He sometimes used powdered cinchona with charcoal. He gives stimulants, as ale, quinine, mur. tinct. ferri. He had seen cases of dry gangrene resembling gangrena senilis, or that produced by ergot. In these cases, bromine was of no use, but nitric acid acted well. The induration must all slough out. He mentioned a case brought on by explosion of percussion caps, which showed no disposition to heal up after a long period, although the boy was in good general health.

Dr. Jennings was called upon for his experience in Nashville. He said that nitric acid was preferred to bromine. He thought bad atmosphere was a chief cause. There were no cases originating in Hospital, No. 2. They generally had their origin on the hospital train. It was eminently contagious, the use of same sponge would convey it. Loss of appetite is an invariable symptom. The first step to destroy the morbid action is to set up a healthy inflammation. Bromine is not so satisfactory as nitric acid. It does not penetrate so well. He applies nitrate of silver to remaining points, would generally give some preparation of iron, and stimulants more or less. The contagion is no respecter of persons, whether healthy or otherwise. He likes Labarague's Solution, sol. chlor. zinci. is less painful, but it forms a crust which is an objectionable feature. Oakum is useful to absorb the discharges. He would not lay the wound open more than necessary, as exposure to the air is injurious. A sponge may be passed under the tissues. A return of appetite is a very favorable symptom.

Proceedings of the Cincinnati Academy of Medicine.

Reported by C. P. WILSON, M.D., Secretary.

HALL OF ACADEMY OF MEDICINE,
MONDAY EVENING, April 24, 1865.)

A Case.—*Dr. J. A. Murphy* said the patient, as stupid a negro as he had ever seen, whose case he now wished to report, was under his hands last Fall in the hospital for diarrhœa. At that time he lived largely on corn bread, craved it, and complained bitterly when they refused, because of his diarrhœa, to allow him any. Under a treatment of acetate of lead and opium, and a proper diet, he soon recovered, and was discharged from the house seemingly perfectly well. This month he was again admitted to the Commercial Hospital. *Dr. Murphy* then read the account of the case as written out by the house physician.

Wiley Jackson, admitted April 17th, 1865, colored, boatman,

æt 18. Has been sick for seven days. Just before attack drank two glasses of cider and two of ale, making him very sick at his stomach. Was first taken with pain in head, back and limbs, considerable fever, loss of appetite, and some slight cough and expectoration. Also had diarrhœa, bowels opened twelve or fifteen times per day, operations very thin.

Present Condition.—Pulse 90, very small and weak; tongue indented at sides by teeth, coated yellowish-brown, inclined to be dry; bowels very loose, having been opened seven times since his admission at 2 o'clock, operations very bloody and accompanied by considerable pain. A papular eruption is making its appearance on face, but it is not far enough advanced to make a diagnosis. Was ordered: R Plumbi acetas, gr. xij; Pulv. opii, gr. ij. Mix. Ft. Chart., twelve, one every three hours.

April 18th.—Last night the patient was seized with epistaxis from both anterior and posterior nares, which continued until to-day at 12 o'clock, at which time it ceased; bowels opened very freely last night, no change in the character of the operations; pulse 100, very weak; tongue unchanged; continue treatment.

April 19th.—Epistaxis returned yesterday at 4 o'clock with considerable violence; had fifteen or sixteen stools during the night, passed considerable pure blood; tongue covered with dark brown, moist fur; heat of surface below standard; is conscious; slept none last night; continued treatment, with the addition of whisky punch freely and tinct. ferri mur, gtt 10 every four hours in one drachm of water; to have one ounce of beef-essence every two hours.

Evening.—Pulse 104, very small and weak; bowels opened twenty times during the day, operations unchanged in character; skin cool and moist; patient slightly delirious; has been sinking very fast since noon; no change in the treatment.

April 20th.—Patient died last night at 9 o'clock. Was delirious up to time of death.

Post-Mortem Examination.—The examination was held 10 hours after death; no emaciation; post-mortem rigidity well developed; small intestines, lower half congested, upper half

pale; solitary glands and glands of Peyer in lower part of intestines tumefied, and in some places ulcerated; in colon throughout whole extent are ulcerations, some of which are contracting and cicatrizing; mucous and muscular coats thickened; mucous membrane round ulcers thickened; a coagulum of blood on surface of some of the ulcers and extravasated blood under surface of mucus membrane; in mesocolon and in upper part of the ascending colon, was found a fish bone, one and a quarter inches long; dark-colored patches beneath the mucous membrane of the stomach; liver softer, normal rather than pale; kidneys large and injected; blood extravasated beneath the mucous membrane of the pelvis of the kidneys.

Dr. Carroll said he had treated many cases of chronic diarrhœa and dysentery, which had been under the hands of army surgeons. One lady fell into his hands in the South who was treated for chronic diarrhœa, terminating in chronic dysentery. On her arrival here she was again treated unsuccessfully with opium and sulphate of copper. At last he took charge of the case, curing her in a month. As to the case of Jackson reported to-night it was managed in a way he would not have managed it. They ought to have thrown the portal circulation into active work by one-quarter grain doses each of calomel and ipecac for two or three days, and then following up by a proper treatment. The patient would have left the hospital cured and never returned. If on his readmission, they had given ipecac and opium, and a mild diet, the patient might have gotten well, though there was little prospect of it at so late a day. The secretions and excretions were at fault. No attention should have been paid to the discharges of blood, but the secretions corrected. *Dr. Carroll* referred to the French surgeon who received a large sum for disclosing a certain cure for dysentery, the remedy being ipecac, and further said as to the matter of ipecac, that he had a patient whose case had been pronounced incurable by several physicians. On putting into his hands, he gave him one dose of ten grains, which vomited the patient freely, purged him slightly, and cured the dysentery.

Dr. Murphy said he was struck by the peculiar attitude of the man Wiley. As he said before he was a very stupid negro. When he left the hospital early last Winter, he had a well moulded stool every day, and seemed entirely well. Since that time he said he was not sick a day till six or seven days before he returned to the hospital. *Dr. Murphy* first believed the case to be one of blood-poisoning. There was the peculiarly anxious face with its pinched expression. Blood was oozing from the nostrils and was expectorated freely, not coming from the lungs, for they were perfectly normal, but from the throat where it had passed through the posterior nares. There was now considerable tenderness over the bowels. The hæmorrhage from the bowels was pure blood. Now the question is, was he well when he left the hospital the first time? Again, has he had these ulcers all along? Very likely he had. If not, he lied about not having any trouble till within a few days of his readmission into the hospital. For his part, he believed that the man had had some of these ulcers during the whole time, also believed that he had at different times attacks of chronic diarrhœa. He thought so for the reason that in 1846 there were a good number of cases in the Commercial Hospital of chronic diarrhœa in soldiers returned from Mexico. There were over ninety altogether. Of this number, forty recovered. One of the latter went to Wilmington, where in two years afterwards he died. On a post-mortem, ulcers of long standing were found in the rectum after the man might be said to have been recovered. During the two years, on turning cold or eating any crude article of food, he always suffered from diarrhœa. In the case of Jackson reported to-night circular ulcers with thickened edges were found from the cœcum coli to the sigmoid flexure. The ascending, which was thickened for some distance up its extent, and the sigmoid flexure was in like condition. As to the hæmorrhagic diathesis, he thought the prime cause was some poison in the blood. In the stools there was no fecal matter, but pure blood. As to the fish bone, it was a question whether it had anything to do with the hæmorrhage or not.

Ichthyosis.—*Dr. J. Davis* presented to the Academy a boy with congenital ichthyosis, stating that it was the squamous form of that variety to which Wilson says the name fish disease properly belongs, hence calling it ichthyosis spinosa and the other form porcupine disease. In the present case, the boy is in winter troubled with it, but in summer is rid of it. The prospect of treatment is of course bad.

Dr. Wm. B. Davis said he had on hand a case of the same disease in a young lady, aged 16 years. It is congenital. In summer, she is free, but in winter the whole surface of her body, except the face and hands, are covered with it.

Dr. Murphy read the following case, reported by *Dr. Woodward*, house physician :

William H. Meyers, colored, boatman, *æt* 42, admitted April 21st. Has been sick for nine days. Was first taken with diarrhœa, five to seven operations per day. The evacuations were large, watery, and greenish in color, accompanied by considerable pain. Three days ago, evacuations became smaller, more frequent, and slight admixture of blood. This has continued up to present time.

Present Condition.—Pulse 80, moderately full and strong ; tongue coated light yellowish brown ; skin cool and moist ; bowels opened very frequently, operations thin, small and red in color ; stools are accompanied by tenesmus and tormina ; appetite bad ; sleeps badly.

℞ Ol Amyg. Dulc., ʒiij ; Pul. G. Acacia, ʒiij ; Sach Alb, ʒij ; Aqua Camphora, ʒiij ; Morphia Sul, gr. i. Mix. S. ʒss every three hours.

April 21st.—Has had ten stools since last visit, very thin and bloody, accompanied by considerable pain and tenesmus ; pulse 120, full and strong ; tongue moist and slightly coated white ; tenderness along course of colon on pressure. To have hop fomentations over abdomen until 6 o'clock, and then to have compresses of flannel saturated in warm turpentine, substituted for it, and kept in place by a flannel band around body. To have an injection of a small teacupful of boiled starch, water and gtt 40 of tinct. opii after each operation. If

bowels are loose at 9 o'clock this evening, to have \mathcal{R} Calomel, $\frac{1}{4}$ gr.; Plumbi Acet, 2 grs. M. Opii Pul., $\frac{1}{2}$ gr. S. One pill every three hours. For drink to have nothing but rice water in small quantities. To have half an ounce of beef essence every two hours, and to stay in bed.

April 22d.—Is considerably better; tongue slightly improved; anxious expression of countenance not so well marked; pulse 90, not so full or strong; has had six stools since yesterday evening. The emulsion was omitted in accordance of orders, and a calomel pill was substituted. Continued the pill, turpentine bandage and injections if necessary.

April 23d.—No material change.

April 24th.—Has had five stools since yesterday improved in color, not so dark or large; pulse less frequent, not so large; tongue improved; voice husky; greatly prostrated; not much tenderness on pressure over abdomen; continued treatment.

April 25th.—Not much if any improved; has had five stools last night and one this morning. They are offensive, but not so dark colored, no appearance of blood in them; tenderness on pressure over abdomen; skin below normal standard; tongue cleaner, moist, but still furred; pulse small and weak, 100.

Evening.—Patient has been gradually growing weaker since morning. He has been stimulated very freely; pulse 110, very small and weak; bowels opened twelve times since morning, no change in the character of the operations.

April 26th.—Patient died this morning at 6 o'clock.

April 28th.—Post-mortem sixteen hours after death; moderate emaciation; cadaveric rigidity well marked; abdomen collapsed; omentum adherent to the sigmoid flexure, and to the abdominal peritoneum in left iliac region; peritoneal surface of intestines injected. There are several ulcers in the pyloric extremity of the stomach; extensive epithelial ulceration of the ilium; adhesion between the anterior wall of rectum and posterior wall of bladder, also adhesion of surface of the sigmoid flexure; extensive ulcerations throughout large intestines; mucous membrane thickened, and in some

places entirely detached by sloughs; liver very much congested.

Dr. Murphy said the same remarks would appertain to the case just read as to the one of Jackson reported at the last meeting—both contrabands—they were neither of them intelligent, but very stupid, and they were both sick longer than they reported. His experience, as far as it went with these contrabands, was that they will have loose bowels, incipient pleurisy, etc., for several days, go hobbling about, and when they are at last obliged to give up and go to bed, and you are sent for, you get the history of the case for only a few days, when you ought to have it for eight, nine, ten, or even fourteen days. He thought the man Meyers had been ailing for longer than five days. He remarked when he first saw the man in the hospital that there was another case for a post-mortem. The patient had that peculiar drawn up, sunken expression of face, almost a hippocratic countenance; his skin was moist; considerable tenderness over the abdomen, but no enlargement, but on the other hand, rather a contracted condition of the parts. He first ordered him an emulsion of sweet almonds and astringents, but in twenty-four hours afterwards gave him small doses of calomel. Why he did not know, but he had no confidence in anything. On his first visit, the man had eight discharges from his bowels in half an hour and about half a pint with each stool. His belief was that the man had been sick longer than five days, but when he entered the hospital the case was incurable, and that ulcers were already formed, further that this disease does not commence with inflammation, but that when this is present it is a secondary affair.

Dr. Taylor then read the following case, reported by J. C. Mackenzie, M.D., House Physician, Commercial Hospital.

Wm. McMains, American, æt 40, admitted April 20, 1865, at 5 o'clock in the evening. The history of the case previous to admission is very unsatisfactory, from the fact that the man's mental condition is such that very little can be learned from him. But from his statements it appears that he has been a very intemperate man, and within the last week has

been drinking very freely. About four days ago he had a chill followed by fever and pains in his limbs and neck.

Present Condition.—Pulse 100 and weak; skin moist; tongue slightly furred; hands in continuous fidgety motion; bowels constipated; pain and stiffness in the neck; eruption on the surface of body, which seems to be syphilitic in character. He understands everything that is said to him, but answers in rather an incoherent manner. It is directed that he shall have three compound cathartic pills at once, and after the lapse of an hour, five grains Dover's powder and one ounce of whisky, to be repeated every two hours. About 7 o'clock he became delirious, but did not remain long so. After the delirium passed away, he was quite insensible, breathing stertorously, and the pulse at the wrist was almost imperceptible. This was his condition at 9 o'clock, after which time he gradually sank, and died at 2 o'clock A. M.

Post-mortem made fourteen hours after death; body well developed; no emaciation; well marked post-mortem rigidity; eruption over the body, in some places looking like prurigo, in others large ulcers covered with dark, depressed scabs; copper-colored blotches on posterior part of the body; evidence of old ulcers on legs; arcus senilis; firm adhesion at the apex of right lung, other portions free; small cyst in the left lobe of thyroid gland; both lungs intensely congested; extravasated blood, in patches, beneath the pleura, at the base of the right lung. In the upper lobe of the right lung, there are several circumscribed deposits of tubercles, cretified masses and softening tubercles. In the upper lobe of the left lung there are some deposits of tubercles, but no softening. Heart a half larger than natural, with almost no muscular substance at the apex, its place being occupied by fat. Right heart filled with blood. Large white clot in the right ventricle, extending into the pulmonary artery, softened in the anterior. Liver enlarged $10\frac{3}{4}$ inches in perpendicular diameter, and 13 inches in transverse diameter, pale fatty, easily broken up. Mucous membrane of the pyloric half of stomach inflamed. Large amount of fat in omentum. Veins of intestines full. Supra-renal capsules enlarged, filled with a light

yellow, firm granular matter. Kidneys congested, surrounded by a large amount of fat. Scalp congested. Dura Mater in the same condition. Beneath the Dura Mater a thick layer of coagulated blood covered the superior surface of the left hemisphere, flattening the convolutions. Serum beneath the Dura Mater of right hemisphere. Immediately to the left of the falx cerebri on the under surface of the Dura Mater was a rough, irregular deposit of bone, about the middle of the antero-posterior diameter. Large extravasations of blood underneath the arachnoid in both hemispheres. Substance of the brain soft. There was a small quantity of bloody serum in the lateral ventricles and in each choroid plexus was a cyst with opaque walls, about two-thirds of an inch long. There was some extravasated blood at the base of the brain. There was no evidence of any injury of the head.

Dr. Taylor said that the point of chief interest in this case, was, the extravasation within the arachnoid.

Accepting as correct the view that the arachnoid was only the serous lining of the other membranes of the brain, and remembering that it is dependent on the pia mater for its supply of blood, we have to look upon the extravasation as due to rupture of some vessel of the latter, though it is always difficult to discover the ruptured vessel.

As to the cause of such rupture, in some cases it is connected with hypertrophy of the heart, in one it was due to small aneurism, in others no lesion has been found.

In this case, he believed the intense congestion of the lungs was the original lesion, and the distension and rupture of the cerebral vessels the consequence.

As in this case these extravasations usually occur on the convex surface of the brain. When not of sufficient magnitude to destroy life, they may undergo various transformations. The first step is the formation of a coagulum, the fluid portion of the blood being absorbed. The coloring matter then undergoes changes by which it is removed, and an organized membrane firmly attached to the Dura Mater is the only evidence of the effusion which remains, or instead of the serum being absorbed, a false membrane may envelop the effusion,

producing a sac or cyst, the contents of which at first will be a dark colored, thick fluid, which eventually will be transformed into a thin, more or less transparent fluid. The outer wall of the sac will be found adherent to the Dura Mater, from which it is supplied with blood. The sac does not possess the power of absorption, as there are no evidences of the cyst being reduced in size after its organization. The formation of such cysts is in nearly all cases followed by impairment of the intellect.

Dr. McIlvaine's Inaugural Address.—[We noticed the election of Dr. McIlvaine, some time ago, as President of the Academy. We now present his remarks on taking the chair. After making some prefatory remarks in acknowledgment of the compliment conferred by the Academy in thus for the third time making him its presiding officer, he proceeded substantially as follows:]

With these prefatory remarks let us inquire into the progressive history of the science from the earliest dawn of its literature to our own time. We must take for granted that the science of medicine has had its fabulous and traditional periods. We must be excused from examining those, and begin with the first book written upon our science, which dates two thousand, seven hundred years anterior to our era. Ching-nong, the first author, and the Celestial Empire has the honor of claiming him as her citizen. The next historical account which we have of the profession is in Egypt, on the occasion of the embalming of the Patriarch Jacob by command of Joseph; for it is written, he commanded his servants, the physicians, and they embalmed Israel. This would imply an anatomical and surgical knowledge by no means inconsiderable, and is strong proof of the enlightened state of the profession of that day. This dates 1688 years anterior to the Christian era. We may conclude that the science of Pharmacy is of the same date, and probably had its origin in Egypt, as Moses, who learned what he knew of science from the Egyptians 1491 years before our era, gave commandment that the compounding of the Holy Oil for sanctuary purposes should be compounded after the art of the apothecary. But neither

to Egypt nor to Israel belongs the honor of having laid that permanent foundation for the science of medicine which has come down to us, except it may have been they instructed the people, indirectly, of whom I propose to speak.

Let us pass over on the same base line of Petersburg, in old Virginia, and go directly East, keeping twelve degrees south of the same base line of latitude, at longitude one hundred and two degrees east from Washington. Here we are in the immortal island of Coos, in the Greek Archipelago. Here is the birth-place of Hippocrates, who may justly be claimed the father of Physic. The character of the Greeks, as portrayed by the Apostle Paul, when contrasting them with his own countrymen, the Jews, he is decidedly in favor of the former. He assures us that while the Jews require a sign, the Greeks seek after wisdom. Thus, then, to this great people belongs the honor of having inaugurated the healing art as a science, and the students of the profession in this latitude can to-day consult their writings with advantage.

The next on the list of our distinguished men of the profession is Galen, born at Pergamos, in Asia Minor, A. D. 130, on the same base line with Cincinnati, being only 1' south of it, and on the longitude with Coos. This great man has no rival for the universality of his views and the favor with which they were received for 1500 years, if we except the founder of the Christian religion and Mahomet. But like all other systems, hitherto, it was not beyond being effected by another class of opinions. Paracelsus, born in 1493 in Switzerland, commenced his successful war on Galen. To this great man who has been called hard names in my estimation, the profession is indebted for several new agents in the *Materia Medica* which are in successful use in our own times. He was radical, it is true, and made pretensions in Alchemy which we would not now tolerate, but that was the peculiarity of his time. To him we are indebted, probably for the new auxiliary of Chemistry; but to him it was Alchemy. Yet, Gentlemen, we must not condemn him on that account. When we remember the distinguished names of Albartes Magnus, Roger Bacon, and Van Helmont, who were Alchemists, the latter being in pos-

session, as he boasted, of a universal remedy, to which he gave the name of Alkahest. This great man was born in 1577. With him the Alchemistical system crumbled into ruins. Chemistry, like the fabled Phoenix, rose from its ashes.

Under this new caption, the next name which claims consideration is Becker, a German Professor. He attempted to establish Chemistry upon its true basis, that of analysis. Stahl, his pupil, simplified the theory of his preceptor, and he appears to have been the first to have clear ideas of chemical affinities. Bergmaun, by his observations and methodical arrangement of the science of Chemistry, entitle him to rank among its greatest benefactors. Thus we might mention Scheele, his successor and pupil, Black and Cavendish, who made large contributions to the science.

Next was the great step taken in 1787 by the French Academy in the appointment of a Committee to decide upon a nomenclature of Chemistry. This Committee consisted of Lavoisier, Fourcray, Bertholat and Guytan de Morveau. With great care and research they formed that which is now almost the universal language of the science. Thus this science, like the noble river whose waters fertilize the land they overflow, but whose sources are to us unknown, the eighteenth century, by the researches and analysis of her scientific men, justify us in claiming it as the golden age of Chemistry.

With this cloud of witnesses, let us, Gentlemen of the Academy, commence our academical year with zeal and determination that we will in this nineteenth century render our institution historical.

Reviews and Notices.

The Dispensatory of the United States of America: By GEORGE B. WOOD M.D., President of the American Philosophical Society; Emeritus Professor of the Theory and Practice of Medicine in the University of Pennsylvania, etc., etc., and FRANKLIN BACHE, M.D., late Professor of Chemistry in the Jefferson Medical College of Philadelphia, etc., etc. *Twelfth Edition, carefully revised*. Philadelphia: J. B. Lippincott & Co., 1865. Price \$10.00

This revised edition of the *Dispensatory* of the United States, so long looked for, is at length before us. So far as the general character of this great national work is concerned, it would be superfluous to multiply words. The profession universally expect, as a matter of course, to be provided with a copy, for daily reference in office and study, but some brief notice of the present volume, and some of the circumstances attendant on its issue, will not be out of place.

In general external and internal appearance size, style, etc., this edition resembles those which have preceded it; and although it contains more than one hundred pages more matter than the last edition, yet the character of the paper is such that the volume is actually thinner than some of the earlier editions.

The title-page retains the old familiar names of George B. Wood and Franklin Bache as joint authors; two hard-working men, who for more than thirty years have side by side labored together in this enterprise with fraternal regard and esteem, although during all that time they have been at the same time severally active members of educational enterprises supposed to be rival and antagonistic in their requirements. It will, however, be remembered that while this edition was drawing to a completion in its process of preparation, Dr. Bache has ceased to labor and gone to reward. This event, we readily presume, threw much additional labor and responsibility on the shoulders of the surviving author, Dr. Wood.

In the first part of the *Dispensatory*, devoted to *Materna Medica*, there will be found judicious notices of all new articles of any importance.

The changes in our American Pharmacopœia, as well as the revision of the British Pharmacopœia, have created a necessity for a laborious and careful revision of the second part—devoted to pharmaceutical preparations—and we think a full examination of this edition will show this to be by far the most complete Dispensatory ever submitted to the profession.

As explanatory of the circumstances which have made this protracted delay in bringing out this edition—it being now seven years since the publication of the eleventh edition—we can not do better than quote from the author's preface.

“The delay of the revision was caused by the unfinished state of the Pharmacopœias, which were to constitute the basis of the new edition, as the old Pharmacopœias had done of the preceding. It was known that the U. S. Pharmacopœia was undergoing a thorough revision, with many and important changes; and it was equally notorious that the three British Pharmacopœias were in the course of consolidation into one; which, it was supposed, would retain few features of the former works, and almost none unaltered. Under these circumstances, it would have been folly to undertake a new revision of the Dispensatory, which, when completed, would in a short time have had its whole foundation undermined.”

“In the second place, the changes made both in our own the British Pharmacopœias, rendered indispensable similar changes in the Dispensatory. One not familiar with the subject can scarcely appreciate the constant vigilance, the unceasing attention to the minutest details running through every part of the work, which were necessary to obviate confusion and prevent embarrassing mistakes in making the book conform to the present standards. Not only was it requisite to introduce all that was new, to alter positions in conformity with the changes in the standards, and to notice and discuss all modifications, whether in substance or in form; but there was a constant recurring necessity to solve the various practical problems arising from the substitution of a single one for the three former British Pharmacopœias, which were referred to at a greater or less length in almost every page.

“Taking these circumstances into consideration, and reflecting, in the third place, how greatly the field of labor has been extended for the surviving author by the decease of his colleague, the reader will understand that he has had a very heavy task upon his hands, and will not be disposed to censure him for a delay in the appearance of the present edition,

which could have been shortened only at the expense of the usefulness and trustworthiness of the work itself."

Age has dealt kindly with the surviving author of this work, and he continues to enjoy the rewards of a well spent life in the harness of professional toil. He genially alludes to the wasting sands of time as follows: •

"Finally, it may be permitted to the surviving author to say that, considering his advanced age, it is hardly probable that he will live to see, or at least participate in, another revision; and under these circumstances, to express his warm thanks to the members of the Medical and Pharmaceutical Professions, who have in so many ways evinced a kind regard for him personally, and a disposition to judge favorably if not partially of his works."

For sale by Robert Clarke & Co.

Vest Pocket Medical Lexicon: being a dictionary of the words, terms, and symbols of medical science. Collected from the best authorities, with the addition of new words not before introduced into a Lexicon. With an appendix. By D. B. ST. JOHN ROOSA, M D., Aural Surgeon to the New York Eye and Ear Infirmary. New York: Wm. Wood & Co., 61 Walker St., 1865. Price 75 cents.

This little flexible covered "vest pocket" companion is very compact, and will serve a convenient purpose for any one who desires to have in hand a ready reference dictionary. The appendix contains some matter also useful to be at hand for such convenient reference, such as symbols for prescriptions, poisons and antidotes, etc., etc. Beyond these brief remarks, the title-page sufficiently indicates the character and intention of the book.

For sale by Robert Clarke & Co.

Editor's Table.

The Russian Plague.—Accounts reach us through the newspapers of a terribly fatal epidemic of plague prevailing to an alarming extent in St. Petersburg, and perhaps some other points in Russia. It appears to have swept down gradually southward from Siberia, and already its future track has been foretold. Although there is a good deal of confusion in the accounts which have reached us thus far—and certainly a great deal of panic—yet it does not seem difficult to determine that the epidemic is of the nature of typhus fever, which has also been prevailing in Ireland and other portions of Northern Europe to a fatal extent during the past winter. Of course until the popular panic shall be controlled, the fatal course of the plague will continue in all its force. We quote the following paragraphs, which we find reprinted in the *Chicago Medical Examiner*, and will give an idea of the progress and nature of the disease, as will perhaps also indicate the extent of our own danger from its traveling to our own shores.

“An epidemic, resembling in its fatality the Asiatic cholera, has for some months devastated the interior of Russia. Apparently taking its origin in Siberia, it has gradually swept down southward, spreading more widely on either side as it advances. As yet it has completely baffled the skill of the Russian physicians, and of those professors of medicine who have proceeded from Germany to study its symptoms. In many respects this epidemic resembles the celebrated plague of Athens, which decimated Attica in the second and third years of the Peloponnesian war. Like it, the epidemic belongs to the class of eruptive typhoid disorders. The person seized immediately despairs of recovery; he loses memory and hope together. Like it, too, the Siberian fever is accompanied generally by a hoarse cough and violent retching, and the victim seldom survives beyond the ninth day. There is some difficulty in obtaining a reliable account of the disease, for the Russian officials, never very communicative, have endeavored to conceal the existence of the disease. But it has touched one or two towns in Austria and Prussia, and rages at St. Petersburg. The deaths in the latter city are acknowledged to amount to eighty or one hundred per day, but it is suspected they are five times as numerous. The disease is said to have assumed a mitigated form in Germany, but very great alarm prevails throughout the continent. Men hoped that with the Asiatic cholera the last great scourge of the human race had passed away, but they suddenly find themselves confronting a pestilence which advances as rapidly as a prairie conflagration, floating on the rivers, and borne

the air. Apprehension, too, as in the case of the Asiatic cholera, predisposes to the disease.

A plague of this description, raging in St. Petersburg, can not be long absent from other European capitals. It marches steadily and surely. Already its route is traced by death and mourning, and its future track has been pointed out. In such a case quarantine regulations are nearly useless. No plague was ever yet kept away from our shores by delaying a ship from an infected port at a distance from the harbor. The fever may be conveyed in a letter, a bale of goods, a waif, or straw from the ship wafted to the shores. It may be taken up by the wind passing over the deck, and be borne mysteriously, despite of all precautions, to the crowded town. Physicians may dispute whether it is infectious or contagious. Such discussions may be interesting to the professor, but the practical truth is, that whether a plague be conveyed by the air or by contact, there is no means of staying its progress to any land to which it may be the will of Providence to visit with such a scourge."—*Liverpool Post*.

TERRIBLE EXTENT OF THE RAVAGES OF THE DISEASE.—The total number of cases has reached ten thousand, of deaths two thousand, and the average number of cases is one hundred a day. No less than forty physicians are reported dead, though whether they have fallen victims to the disease is not stated. The account which the correspondent gives of the disease itself, is that 'it is not cholera, but plague, with dilated pupils, carbuncles, and pestilential bubo.' Dr. Charles Murchison, physician to the London Fever Hospital, expresses, in a letter to the *Times*, his opinion that the malady is 'relapsing fever,' which, under different designations, has been well known in Britain and Ireland for nearly two centuries, which constituted a great part of the Irish epidemic of 1847, and which about the same time was very prevalent in various parts of Germany. The mortality from relapsing fever is not great, only three per cent., but Dr. Murchison shows that all epidemics of such fevers have co-existed with typhus, in which the mortality is twenty per cent. The public, he says, need be under little apprehension as to the importance of the Russian epidemic into England. The more formidable of the two diseases composing it is here already, and has, for the last three years been very prevalent among the poor of London."—*St. Petersburg Telegram to the London Times*.

Death Records.—The Great Destroyer has made sad inroads on our ranks of late. Unrelenting death has chosen out a large number of shining marks amongst the youthful as well as the veteran. In another place will be found a more extended notice of our near friend Smith, who is taken in the midst of labor and usefulness, from our very side. Mott, so full of years and full of honors, Nestor of American surgery, has passed away; we give the action of the Academy of this city in our Obitual Record. John T. Plummer was one of the fathers in medicine in Indiana; a genial friend has con-

tributed a fitting tribute to his worth and memory. Amongst the earliest recollections of our boyhood days, is the name and esteemed person of Dr. Laomi Rigdon, of Butler Co., one of the hard-working, pioneer physicians of this State. He, too, is at last gathered to his rest. Our readers will see the fitness of giving up considerable space to these tributes of respect. By and by, we too shall be taken. Shall we be thought worthy of a tear from the affectionate friend, and will old patients tenderly weave *immortelles* to place about our bier.

Last Hours of Abraham Lincoln.—We find the following medical account of the last hours of President Lincoln reported for the *Medical and Surgical Reporter*, by Dr. C. S. Taft, which will be read with interest :

The following brief report of the circumstances attending the assassination, last hours, and autopsy of the late President, will doubtless prove of much interest to the profession, and may be relied upon as correct in all particulars, the notes from which it is written having been submitted to comparison with others taken, and corrected by the highest authority.

While sitting in an orchestra chair at Ford's Theatre, on Friday evening, the 14th ult., about 10:30 P. M., I heard the sharp report of a pistol in the direction of the State box, and turning my head in that direction, saw a wild looking man jump from the box to the stage, heard him shout, "*Sic semper tyrannis*," as he brandished a glittering knife in his right hand for an instant, and darted across the stage from sight.

A few moments of utterly indescribable confusion followed, amid which I heard a call for a surgeon. I leaped upon the stage, and was instantly lifted by a dozen pair of hands up to the President's box, a distance of twelve feet from the stage. When I entered the box, the President was lying upon the floor, surrounded by his wailing wife and several gentlemen who had entered from the dress circle. The respiration was inaudible and scarcely perceptible, and he was totally insensible. Ass't Surgeon Charles A. Leale, U. S. V., was in the box, and had caused the coat and vest to be cut off in searching for the wound. The wound in the head was soon found, but at that time there was no oozing from it.

Several gentlemen in the box were insisting upon having the President removed to his home, but Dr. Leale and myself protested against such a proceeding, and insisted upon his being carried to the nearest house. He was removed to a house opposite, and laid upon a bed in fifteen minutes from the time the shot was fired.

The wound was there examined, the finger being used as a probe, and the ball found to have passed beyond the reach of the finger into the brain. I put a teaspoonful of diluted brandy between the lips, which was swallowed with much difficulty; a half teaspoonful ad-

ministered ten minutes afterward, was retained in the throat, without any effort being made to swallow it. The respiration now became labored; pulse 44, feeble, eyes entirely closed, the left pupil much contracted, the right widely dilated; total insensibility to light in both.

Surgeon-General Barnes and Robert K. Stone, M. D., the family physician, arrived and took charge of the case. At their suggestion, I administered a few drops of brandy to determine whether it could be swallowed, but as it was not, no further attempt was made. The left upper eyelid was swollen and dark from effused blood; this was observed a few minutes after his removal from the theatre. About thirty minutes after he was placed upon the bed, discoloration from effusion began in the internal canthus of the right eye, which became rapidly discolored and swollen, with great protrusion of the eye.

About 11.30, P. M., twitching of the facial muscles of the left side set in and continued some fifteen or twenty minutes, and the mouth was drawn slightly to the same side. Sinapisms over the entire anterior surface of the body were ordered, together with artificial heat to the extremities.

The wound began to coze very soon after the patient was placed upon the bed, and continued to discharge blood and brain tissue until 5:30, A. M., when it ceased entirely; the head in the meantime, being supported in such a position as to facilitate the discharge. The only surgical aid that could be rendered, consisted in maintaining the head in such a position as to facilitate the discharge of the wound, and in keeping the orifice free from coagulum.

Colonel Crane, Surgeon U. S. A., had charge of the head during a great part of the time, being relieved at intervals in this duty by myself. While the wound was discharging freely the respiration was easy; but the moment the discharge was arrested from any cause, it became at once labored.

It was also remarkable to observe the great difference in the character of the pulse whenever the orifice of the wound was freed from coagulum, and discharged freely; thus relieving, in a measure, the compression. This fact will account for the fluctuations in the pulse, as given in the subjoined notes.

About 2, A. M., an ordinary silver probe was introduced into the wound by the Surgeon-General. It met an obstruction about three inches from the external orifice, which was decided to be the plug of bone driven in from the skull and lodged in the track of the ball. The probe passed by this obstruction, but was too short to follow the track the whole length. A long Nelaton probe was then procured and passed into the track of the wound for a distance of two inches beyond the plug of bone, when the ball was distinctly felt; passing beyond this, fragments of the orbital plate of the left orbit were felt. The ball made no mark upon the porcelain tip, and was afterward found to be of exceedingly hard lead.

Some difference of opinion existed as to the exact position of the ball, but the autopsy confirmed the correctness of the diagnosis

upon first exploration. No further attempt was made to explore the wound.

After the cessation of the bleeding from the wound, the respiration was stertorous up to the last breath, which was drawn at twenty-one minutes and fifty-five seconds past seven; the heart did not cease to beat until twenty-two minutes and ten seconds past seven. My hand was upon the heart, and my eyes on the watch of the Surgeon-General, who was standing by my side, with his finger on the carotid.

The decubitus during the whole time was dorsal, and the position on the bed diagonal; the length of the bedstead not admitting of any other position.

The respiration during the last thirty minutes was characterized by occasional intermissions; no respiration being made for nearly a minute, but by a convulsive effort air would gain admission to the lungs, when regular, though stertorous, respiration would go on for some seconds, to be followed by another period of perfect repose.

At these times the death-like stillness and suspense were thrilling. The Cabinet ministers, and others surrounding the death-bed, watching, with suspended breath, the last feeble respiration, and as the unbroken quiet would seem to prove that life had fled, turn their eyes to their watches; then as the struggling life within would force another fluttering respiration, heave deep sighs of relief, and fix their eyes once more upon the face of their dying chief.

The wonderful vitality exhibited by the late President, was one of the most interesting and remarkable circumstances connected with the case. It was the opinion of the surgeons in charge, that most patients would have died in two hours from the reception of such an injury, yet Mr. Lincoln lived from 10:30, P. M., until 7:22, A. M.

The following observations of the pulse and respiration were noted down by Dr. A. F. A. King, at the bed-side, and are correct. The pulse was counted by Acting Ass't Surgeon Ford:

10:55—48. 11:06—45. 11:18—42, and weaker.

11:24—42, respirations 27 per minute, breathing quiet.

11:26—irregular, intermits occasionally.

11:30—45, respiration more frequent and vigorous.

11:32—45, stronger, respiration much more strong and stertorous.

11:39—48, respiration again silent and feeble.

11:40—45, 11:43—45, resp. stertorous.

11:47—45, resp. 24, stertorous. 11:56—48, weaker.

12:10—48, irregularly intermittent. 12:18—48, same.

12:27—54. 12:28—60. 12:29—66, intermittent.

12:38—36. 12:45—69, intermittent. 12:49—84, resp. 28.

12:56—66. 1:00—100. 1:15—92. 1:36—95.

2:10—50, resp. 34. 2:19—58. 2:32—54. 2:37—48.

2:54—48, much weaker, more thready; resp. feeble.

4:18—60, resp. 27, strong and stertorous.

5:40—64, thready, resp. 27.

6:10—60, hardly perceptible, (Barnes), resp. 26, ster.

- 6:25— thready, not counted; resp. 25; insp. jerking.
 7:40— insp. short and feeble; exp. prolonged and groaning; a deep, softly sonorous, cooing sound at the end of each exp., audible to bystanders.
 6:45— resp. uneasy, choking and grunting; lower jaw relaxed; mouth open; a minute without a breath; face getting dark.
 6:59— breathes again a little more at intervals; another long pause.
 7:00 still breathing at long p. uses.
 7:20— died.

About 1, P. M., spasmodic contractions of the muscles came on, causing pronation of the forearms; the pectoral muscles seemed to be fixed, the breath was held during the spasms, and a sudden and forcible expiration immediately succeeded it.

At about the same time both pupils became widely dilated, and remained so until death.

During the night Drs. Hall, May, Liebermann, and nearly all the leading men of the profession in the city, tendered their services.

AUTOPSY—FIVE HOURS AFTER DEATH.—Present, Surgeon-General Barnes, Col. Crane, Dr. Stone, Ass't Surg. Woodward, U. S. A., Ass't Surg. Curtis, U. S. A., Ass't Surg. Notson, U. S. A., and Acting Ass't Surg. Taft, U. S. A.

The calvaria was removed, the brain exposed, and sliced down to the track of the ball, which was plainly indicated by a line of coagulated blood, extending from the external wound in the occipital bone, obliquely across from left to right through the brain to the anterior lobe of the cerebrum, immediately behind the right orbit. The surface of the right hemisphere was covered with coagulated blood. After removing the brain from the cranium, the ball dropped from its lodgment in the anterior lobe. A small piece of the ball, evidently cut off in its passage through the occipital bone, was previously taken out of the ball, about four inches from the external wound. The hole made through the occipital bone was as cleanly cut as if done with a punch.

The point of entrance was one inch to the left of the longitudinal sinus. The ball was flattened, convex on both sides, and evidently moulded by hand in a Derringer pistol mould, as indicated by the ridged surface left by the nippers in clipping off the neck.

The orbital plates of both orbits were the seats of comminuted fracture, the fragments being forced inward, and the duramater covering them remained uninjured. The double fracture was decided to have been caused by *contre coup*. The plug of bone driven in from the occipital bone, was found in the track of the ball, about three inches from the external wound, proving the correctness of the opinion advanced by the Surgeon-General and Dr. Stone as to its nature, at the exploration of the wound before death.

The ball and fragments, together with the fragments of the orbital plate and plug from the occipital bone, were placed in the possession

of Dr. Stone, the family physician, who marked and delivered them, pursuant to instructions, to the Secretary of State, who sealed them up with his private seal. The Nelaton probe used was also marked by me, and sealed up in like manner.

Surgeon-General Barnes.—We see it announced in the current dispatches of the day, that Surgeon-General Barnes has been promoted to the rank of Brevet Major-General of the regular army.

The Commercial Hospital of Cincinnati—Dr. Mendenhall—We learn that at a recent meeting of the Board of Trustees of the Hospital, Dr. George Mendenhall, Professor of Obstetrics in the Miami Medical College, was unanimously chosen to fill the vacancy created by the death of Dr. J. B. Smith, in the Hospital Staff.

Vaccinogenous Cows.—Dr. Warlomont, of Brussels, is forming an establishment for keeping cows to supply vaccine matter; or as they are called, vaccinogenous cows.

The Canada Lancet.—Our acknowledgments are due the editor of this spirited little journal for courtesies—a supply of London exchanges to which we do not have access.

Contributions to Practical Surgery.—We have received through Robert Clarke & Co. a handsomely printed volume, in paper cover, with the above title, by Prof. W. H. Van Buren, of New York. It consists of a reprint of interesting articles heretofore contributed to Transactions of New York Academy of Medicine, and other periodical issues.

Medical Schools.—The commencement of the St. Louis Medical College was held on the evening of March 3d. Prof. Pallen delivered the diplomas and made the customary address. The number of graduates is not given.

The Ohio State Medical Society will meet at White Sulphur Springs, near Columbus, on Tuesday, the 20th of June, at 10 o'clock. The usual railroad and other facilities are expected to be secured. The arrangements with Mr. Wilson, it is assured are such as to secure the pleasure and comfort of the members with their families, and we have every confidence that we shall have a full attendance and profitable session.

EDWARD B. STEVENS, Secretary.

The Indiana State Medical Society met on Tuesday, May 16th, in Richmond, its sessions occupying Tuesday and Wednesday. Dr. Lockhart, now Superintendent of the State Lunatic Asylum at Indianapolis, President. A number of valuable papers were read by Drs. Haughton, Hibberd and Parvin—with perhaps some others whose names have escaped us—each paper affording a wide range of debate. On Tuesday evening, Dr. Lockhart delivered the annual address, which is said to have been a very superior effort, but which we had the misfortune to miss hearing. And at the invitation of the Richmond Medical Society, the State Society partook of a fine supper at the Huntington House, but while the cheer for the substantial inner man was very abundant and choice, by some misunderstanding the usual interchange of sentiment was disarranged to be resurrected next year let us hope. Dr. Harding, of Lawrenceburg, is elected President for the ensuing year, and the Society adjourned to meet in Indianapolis in May, 1866. The meeting this year was well attended, and in all essential respects was decidedly successful. Since writing the above, we have by courtesy of Dr. Harvey, the Secretary, received an abstract of the proceedings, but too late for insertion till next month.

Atlantic Monthly for June, 1865.—*Our Young Folks* for June, 1865—Whenever publishers regularly provide for the instruction and judicious amusement of the great public by furnishing choice books and periodicals, they deserve well and should receive the proper accord, as contributing to the systematic elevation of the people. Messrs. Ticknor & Fields, of Boston, are certainly taking a front rank in this important work; not only as publishers of choice standard works in all the leading departments of literature, but as publishers of three of the standard serial magazines of the day. We have already received the *Atlantic* and *Young Folks* for the current month, and find them fully up to the standard. These periodicals are now furnished to the State of Ohio by J. H. Ammon, of Cleveland, who is announced as general subscription agent for this State.

Carroll's Literary Register is the title of a neat semi-monthly which has been laid on our table—issued from the publishing house of R. W. Carroll & Co., Opera House building, Cincinnati. Its object seems to be mainly a Register of literary matters, gossip, and particularly the announcement of current publications. While it affords much convenient information on matters pertaining to the

trade, it also contains a good deal of readable gossip and criticism. Price \$1.00 a year.

The Army Medical Staff is an able vindication of the medical corps of the loyal army of the United States; being an address by Dr. Warren Webster, Assistant-Surgeon, U.S.A., on the occasion of inaugurating the Dale General Hospital at Worcester, Mass., February 22, 1865.

The Graduating Class of Charity Hospital Medical College, at Cleveland, at the late session was thirty-eight.

Sad Anachronism in Medical Education.—We presume the ancient animosity between certain Professors of the University of Edinburgh is known to our readers; at any rate, the feeling is no secret—and hence as we suppose, the exhibition of bad taste which is so graphically related by the *Review*:

It is often stated that when the notorious surgical teacher, Paracelsus, wished to show his aversion to any particular author, he immolated the writing he dissented from in the presence of his pupils. We are not aware that this mediæval practice has ever been adopted in any of our Scottish universities till last week, when it was followed out in one of the classrooms of the University of Edinburgh. It looks like a plunge backwards into the dark ages. The occasion was as follows:—Prof. Simpson has discovered a new method of arresting the bleeding in surgical wounds and operations by temporarily compressing together the sides or tubes of the divided vessels by a needle, instead of tying up their open mouths by threads, which remain for days as foreign bodies in the wound, and always kill or mortify the end of the tied artery. Dr. Simpson's new and simple plan of acupressure has been accepted with much more favor by the profession than new practical suggestions usually are. But Mr. Syme, Professor of Clinical Surgery, without ever trying the plan, denounced it some time ago in most discourteous terms before the Medico-Chirurgical Society of London. Lately, Dr. Simpson issued a quiet pamphlet styled "Answers to the various Objections against Acupressure or the temporary Metallic Compression of Arteries, adduced by Professors Miller, Erichsen, Nusslofer, Spence, Fergusson and Syme." Last week Mr. Syme took this pamphlet into his class-room, and without attempting to answer the rather unanswerable arguments which it contains in favor of acupressure, he scolded at the author, and declared the pamphlet to be a piece of "vulgar insolence." "Then came the denouement" (we quote from the letter of an accurate eye-witness). "With firm hand, teeth compressed, pale lines around his orbits, and altogether a most determined and savage expression, he tore up the pamphlet with his fingers, and gave the fragments to his

assistants to be consigned to the sawdust box with other surgical remains." One important addition requires to be made to our notice of this indecent scene. The whole had given to it a kind of official character by Dr. John Brown, the assessor or representative of the Lord Rector in the University Court, accompanying Mr. Syme into his class-room on this special occasion, countenancing by his presence and patronage Mr. Syme's proceedings. We do not stop to discuss the question whether, by aiding in this unseemly exhibition, Dr. Brown did or did not dishonor the important trust confided to him by Mr. Gladstone. The whole transaction is likely, we hear, to come under the supervision of the University Court. As one of the seven members of that Court, Dr. Brown, we are afraid, is not in a fit position to sit in judgment on the matter. We feel assured that the very high-minded and honorable Rector of the University will look upon this strange episode in modern university teaching with characteristic regret and disdain.—*Med. Times and Gazette, from the Edinburgh Daily Review.*

Dr. Parvin desires us to note that in his letter to this Journal of last month, Dr. Kidd's name should be *George H.*, not *George K.* Kidd; Edinburgh is spelt without an *h*; and on page 300, thirteen lines from the bottom, the word *Hom* should read *house*.

Pregnancy or Ovarian Disease.—A circumstance has lately occurred in Ireland, says the *British Medical Journal*, which has caused a good deal of "talk." A married female, mother of three children, presented herself to a hospital surgeon, and stated that for a year and a half she had observed a gradually increasing abdominal tumor, which gave her annoyance and interfered with her health. She was received into the hospital, and after some weeks' residence, the tumor was pronounced ovarian. She was considered a favorable case for operation; but previous to such a remedy, a consultation was called. There were a goodly number of medicos present, and among them "professors" and "clinical teachers." After due examination of the patient, some thought immediate operation, and some deferred interference, advisable. The latter view was adopted, and in a few nights after the consultation the intended operator was suddenly summoned to the woman's bedside, when lo! nature had operated in relieving her of a five months' fœtus! It would seem that her husband had been absent some two years, and the tumor annoying her, she laid her plan for being legitimately, and on sound principles free from her burden, and she succeeded!—a caution as to a correct diagnosis being formed in abdominal tumors. It is stated that particulars will appear in the transactions of a medical society.

Ophthalmological Department.

EDITED BY E. WILLIAMS, M.D., CINCINNATI.

Clinical Statistics and Observations Drawn from my Private Practice
for the Year 1864.

[Continued from April.]

Diseases of the Lachrymal Passages.—*a.*—*Dacryocystitis with stricture of the nasal duct.* In this journal I have recently (November, 1864,) published an article on this subject, with my mode of treatment. A reference to that will obviate the necessity of a lengthy account of it here. Since that time, however, three important publications have appeared, which I must not fail to notice. One from the pen of Dr. E. Jaesche, of Moscow, on the "Treatment of obstructions in the tear-sac and nasal duct."—*Archiv. f. Oph.*, Vol. 10, Part 2nd, 1864. The author recommends the incision of the sac directly outwards toward the lachrymal caruncle, after slitting up the canaliculus (either the lower or the upper) as recommended by Weber. He thinks this is a less painful operation than that of incising the sac forwards and partially cutting the ligamentum-mediale, as practiced by Weber. I do not see how a slight difference in the direction of the cut made in the sac, can materially affect the result of the subsequent treatment. I am in the habit of following the directions of Weber, except that I merely incise the sac without taking pains to divide the tendo-oculi so freely as he recommends. If the entrance to the sac is large enough to admit my No. 5, it is easy afterwards to dilate it to any required size, whether the tendon of the orbicularis is partially divided or not. Another modification of the Boman-Weber treatment which Jaesche urges, is the division of marked, firm strictures, or of atresia, with a narrow tenotomy or stricture knife passed along a grooved director, instead of forcing them with the stile. He uses a conical, silver grooved director, which at the point is of the size of B. No. 1. and gradually increases to No. 4 at a distance of 21'', where the flattened end exists. The groove runs from the point to within half an inch of the handle. His knife is 1'' wide and 9'' long, and so formed at the point as to readily pass along the groove in the stile. If the conical director passes easily through the stricture, no cutting is necessary, and he proceeds at once to the dilatation by the elastic catheters or wax bougies. If

a narrow, unyielding stricture exists, the conical stile is passed carefully through it, and then it is divided in one or more directions by the little knife passed down the groove. The way is thus made free for the easy passage of the bougies. If atresia exists, the sound is passed down to the obliterated point and serves as a guide for the knife which is pushed through the obstruction after the director is withdrawn. Afterwards the case is managed as above. With Weber, he prefers the flexible catheters and wax bougies, to the metallic, and advises the same treatment by medicated injections as indispensable. For the injections he employs a gum bag with a small pipe of the same material, terminated by a point of horn or ivory somewhat curved.

I must say that I do not consider Jaesches' modifications any improvement on Weber's method. So far as the pain of the operation is concerned, the patient can not tell whether one is slitting up the lower canaliculus, (as preferred by Bowman) or the superior as practiced by Weber and adopted by myself. Neither will it be distinguished by the hurting, whether you are cutting into the ligamentum mediale or incising the sac in some other direction. The main point is to get an opening into the sac large enough to easily admit No. 5 or No. 6, and to dilate afterwards up to the full size of No. 9, using injections faithfully all the time. So far as the danger of a false passage goes, there is certainly more risk of producing one with a stricture knife, than with a large conical stile forced through. I therefore see no good reason to deviate from the practice which I generally follow, and which I have described in the former article above referred to.

Another publication on this subject may be found analyzed in the *Annales d'Oculistique* for November and December, 1864. It is from the pen of N. Manfredi, of Turin, and entitled: "Traitement radical de la tumeur et de la fistule du sac lachrymal." Paradoxical as it may seem, the author claims that the surest and quickest way to re-establish the course of the tears and thus cure the patient, is by completely obliterating the sac. He states that M. Sperino's favorite method of treatment is occlusion, by free incision of the sac and cauterization with the acid-nitrate of mercury, very much as recommended by Desmares. Having observed the well known fact, that patients whose tear sacs have been destroyed, frequently do not suffer at all or but very little from epiphora, he set to work to ferret out the reason. His investigations led him to believe that the lachrymal passages remain permeable after the sac is entirely

occluded ! That there can be partial obliteration of the sac, without necessary loss of permeability, I can readily comprehend ; but that the cavity can be completely shut up without cutting off all communication between the canaliculi and the nasal duct, I can not believe. If tear-sacs are made in Italy like they are in America, the thing is impossible ! Another assumption which this notion involves is, that obliterating the sac cures the stricture in the nasal duct. This is a slight obstacle which the author seems to have forgotten. Sperino's treatment is the old Nannoni method of occlusion, so well described by Desmares, and now abandoned by him and almost all others, in favor of the natural, simple and most successful plan of dilatation through the slit up canaliculi. At the present day, occlusion is only justifiable in caries or atresia of the entire nasal duct. Still another article has just appeared in the *Annales d'Oculistique* (March and April, 1865,) from Prof. Foltz of Lyons. In the same Journal, (February and March, 1860,) he published a description of his instrument for perforating the os unguis or the lachrymal groove. Since then he has practiced this operation as a favorite method and now gives his statistics and observations. This is but the revival of the old operation of Albugasis, practiced by Woolhouse, Hunter, Lauzier, Reybard and others. The instrument of Foltz is a sort of punch, similar to that used formerly by Reybard, and takes out a round piece embracing the mucous membranes of the sac and the nose with the disc of bone intervening. Thus a round opening like the eyelet of a shoe, is made, through which the tears pass into the anterior part of the middle meatus of the nose. He gives the names of a large number of French surgeons who testify to the simplicity and success of this operation, and practice it as their ordinary method in tumors and fistulas of the sac. It may be simple enough, and may give results satisfactory to general surgeons, but the most experienced specialists have abandoned the practice. As most cases are curable by the more rational plan of dilating the natural passages in the way I have described, I do not think the perforation of the os unguis is advisable, except it might be in complete atresia of the ductus ad nasum, or other complications which render the re-establishment of the duct impossible. In these it is questionable which will show the best permanent results, perforation of the unguis or obliteration of the sac. The author says that Bowman's method has never been practiced in Lyons, and all his objections are theoretical. He claims to have searched in vain for statistics and accurate observations which make it appear that dilatation in any form affords as

good permanent results as his operation. His own cases of which he gives a summary, embraced only such as were at the time he wrote, under observation; and the cures had lasted from four months to four years.

I can not give the details of his published cases, but will state that he sums up the results as follows: Twenty-six operations on twenty-five patients, give fifteen cures, six ameliorations, and five unsuccessful. In Bowman's plan, Donders and Giraud-Toulon estimate the success as nine out of ten. My own experience in the practice of the Bowman-Weber method, modified by myself, is more favorable even than that, and I see no reason to believe that it is not vastly superior to all other plans of treatment. I will again urge the importance of astringent injections during the whole treatment, to insure permanent results.

Of the thirty-six cases of dacryocystitis for which I was consulted last year, nineteen were subjected to surgical operations. With a few exceptions, the other cases were not treated at all. Of the nineteen, two were treated by obliteration. One was a stout laborer with a suppurating lachrymal tumor of long standing. One energetic cauterization with chloride of zinc, followed by two subsequent applications of pieces of nitrate of silver introduced and left to dissolve, occluded the sac. The only present annoyance is considerable epiphora. If it were to do again, I would adopt my usual method of dilatation. The second patient was a little scrofulous girl, eight years old. Profuse and long standing suppuration of both sacs, with unsightly fistulas, and extensive undermining of the skin of the cheeks, rendered her condition most miserable. I successfully occluded both sacs with chloride of zinc. She is not disfigured, and suffers very little inconvenience from epiphora.

Two, both adults, were treated by the old method of dilatation through an incision in the skin below the orbicular tendon. One had an acute abscess of the sac which I punctured. After the evacuation of the pus and the gradual subsidence of the inflammation, the wound being kept open by the daily use of a probe, I passed my No. 5 down to the stricture and forced it. The stite was removed every day and the sac injected. In a few weeks I reached No. 8, which she wore for some four months, the injections of the twenty-grain solution of sulphate of copper being kept up during the whole time. She has been entirely relieved for more than a year, and the result seems to be permanent. When the eye was ready for the dilatation, I insisted on slitting up the upper canaliculus and allowing the

wound in the skin to heal. But she was too timid about another operation, and I was obliged to dilate in the old way. The other was a so-called, encysted lachrymal tumor of large size. The contents could not be evacuated by pressure, and I was not able to enter the sac with Anel's probe. I punctured the tumor below the tendon and treated the case as the one above. A membranous stricture near the middle of the nasal duct was readily forced. He wore No. 9 for six months, and kept up the injections. The treatment commenced the year previous, terminated in January, '64, now eighteen months ago, and the patient has no trouble at all. These two and a few others which I have treated in former years by that old method, have been unusually successful, and I attribute it to the persevering use of the cuprum injections.

Of the other fifteen, treated by the Bowman-Weber method, twelve have been completely and I think permanently cured. Most of these, too, were very bad cases and of long standing. One, the little girl mentioned in my former article, was relieved for several months, but I hear she is again troubled with epiphora. She was only eight years old, and the injections could not be practiced regularly or successfully after she was taken home, two weeks from the first operation. The case was simple, and I am confident that the treatment, thoroughly and faithfully carried out, would have made a permanent cure. The other two, properly speaking, were not treated. The one, an Irishman, with greatly contracted and atrophied conjunctiva following trachoma, suffered from epiphora. I slit up the upper lachrymal duct and passed B. No. 4 once a day, for a few days in succession. He was relieved of the epiphora at the time, but I do not know what has become of him since. The other was an exceedingly sensitive and timid lady, who never would allow me to pass a larger stile than No. 5 and would not wear even that. A few weeks treatment by the daily introduction of that for a few minutes, and injections, helped her so much, she thought she was well enough, and quit attendance. Since then she has returned, and has some trouble with epiphora and mucous discharge from the sac, but her condition is quite tolerable and she is afraid of another operation. All of those patients therefore who submitted to the faithful execution of the treatment were cured. The same is true of those treated in the year 1863. One young woman had two very firm strictures in the lower half of the nasal duct, one being very near the entrance to the nose. I had great difficulty in dilating them, and made her wear No. 9 for six months. The whole treatment lasted with her

twelve months. She has not worn the stile since last fall and is perfectly relieved. The duration of the treatment in most cases has been three weeks for reaching No. 9, and, to make the result as certain as possible I often let the patient wear it six or eight weeks longer, though this is not absolutely necessary. In many cases the whole cure need not exceed five weeks.

The most difficult thing is to bend the stiles made to be worn, so as to make them fit comfortably at the inner corner and not draw the lid, or turn and irritate the ball. Recently I have adopted the plan of bending them suddenly forwards and downwards at the point corresponding to the opening in the sac. In that way the flattened end can be made to rest upon the skin of the lower lid and the convex side of the curve is situated between the puncta, so as not to drag the upper lid, press unpleasantly on the lower, or touch the ball. Each patient has to be fitted to suit the peculiarities of the inner canthus, so that all the stiles can not be bent alike, but may be easily adapted.

Epiphora from eversion or dislocation of the puncta, if no obstruction exists in the tear-passages themselves, is readily relieved by slitting them up, according to the original recommendation of Bowman. Slight inflammation of the mucous lining of the sac and tear-passages causing trifling obstructions and epiphora, may generally be relieved by injections with Anel's syringe without any operation. If it fail, it is because of strictures which must then be overcome by the surgical treatment above described.

Mr. Critchett, of London, in his lectures on diseases of the lachrymal passages, published in the *Annales d'Oculistique* (June, 1864,) recommends stiles made of the stem of a sea weed, the *laminaria digitata*, in the treatment of strictures of the nasal duct. The dried stem is smooth, resistant and elastic, so that the stiles, which can be made of any size and length desired, can be almost as easily introduced as those of silver. When moistened, it swells to double or even triple its diameter, and increases slightly in length. He says that by the aid of these properties, so admirably combined in that substance, he has been enabled to overcome several very rigid and inveterate strictures. He commences by introducing a very fine bougie made of this plant, which enters very easily, and leaves it about ten minutes. At the end of that time one feels ordinarily, some resistance when it is withdrawn. It is found thickened, with indentations indicating the situation and extent of the stricture. In gradually increasing the volume of the dilating body, and the dura-

tion of its sojourn, from twenty minutes to half an hour, a powerful influence can be exerted on the contracted portion of the canal. The principal inconvenience in the use of this substance is its excess of power: but of course that can be judiciously controlled. Should a bougie be introduced which penetrates the stricture tightly, and left in half an hour, the great swelling of the part beyond the stricture, would make it impossible to extract it without doing violence.

In the *Klinische Monatsblätter* (April, 1865) Dr. Weber, of Darmstadt, whose method I have described, speaks very highly of Critchett's idea, and says that he now uses these stiles altogether in place of the catgut, elastic and wax bougies. He has instituted careful experiments to ascertain the amount and rapidity of the swelling that occurs when the different sizes are immersed in tepid water. Critchett's series of four stiles which are ten centimetres* long, and vary in diameter from 1, 2 Mm. to 2 Mm., swell to an average size indicated by the ratio of 165:100. The maximum of swelling takes place with No. 1, in ten to fifteen minutes; No. 2 in twenty to twenty-five; No. 3 in twenty-five to thirty. A knowledge of these figures, will enable the operator to estimate the amount of dilatation which he can command in a given case; and the length of time in which it is accomplished. Weber has slightly altered Critchett's series. He has 5 sizes, 1 Mm., 1.25 Mm., 1.5 Mm., 1.75 Mm. and 2 Mm., and in length from 10 to 12 centimetres. Besides the cylindrical, he has had conical ones made which are to be employed on certain occasions.

These sounds of *laminaria digitata* can produce no damage except when used very unskillfully, for even when expanded to their maximum by imbibition of fluid, they can, by moderate pressure, be reduced to their original size. Weber thus sums up the precautions to be observed in order to avoid injurious consequences. "The chief precaution is that the passage which the swollen sound has to transverse in being extracted, must not be smaller than the sound itself; otherwise the parts might be too suddenly extended or lacerated. Two points especially are liable to such injury—the stricture itself, through the expanded part of the sound below it—and the entrance of the canaliculus into the sac, as the narrowest and most unyielding part of the passage. These dangers are to be avoided, partly by a proper observance of the expansibility of the sounds, both as to time and diameter; and partly, as to the canaliculus and

*1 Centimetre = 39371, or about 2.5 of an inch.

1 Millimetre = 3937 of an inch.

its point of entrance into the sac, by slitting them up and dividing the sac subcutaneously, and afterwards dilating them equally with the other parts. The subcutaneous tenotomy proposed and constantly practiced by me, does not seem to have been performed by Critchett, and hence the unpleasant experience which he describes. I consider the coating of the sound with copal varnish above the part to be dilated, as very faulty and doubly injurious, for the same reason. The risk of injury to the strictured point, when only one stricture exists, and its seat is well known, can be prevented by coating the end of the sound with copal varnish, and after drying, only introducing it so far that the protected portion passes barely through the stricture. If several strictures however are present, then the use of the conical expansion sounds can not be replaced by anything else."

As stated before, my experience in the use of the silver stiles, made and worn as I have recommended, has been so encouraging that I have not tried those made of the *luminaria digitata*. The high authority of Critchet and Weber, however, will induce me to give them, when occasion offers, a fair trial.

In cases where there is much dilatation of the sac, with other serious textural lesions, Bowman recommends the exposure and excising of a portion of the expanded sac. In all the patients treated during the past year, and most of them were very bad, there was but one where the dilated sac did not, rapidly or gradually, contract to its normal dimensions, by the continued use of the injections; the stile of course being constantly worn.

Dr. Weber treats those exceptional cases, where the dilatation and suppuration of the sac do not promptly subside under the use of the bougie and injections, by producing ectropium of the lower punctum lachrymale. The irritating influence of the tears upon the diseased mucous lining of the sac, is thus prevented; and the cure advances much more rapidly. Even when there is but slight expansion of the sac, if there is abundant secretion of muco-pus, the treatment is essentially abridged by keeping the lower punctum and lid slightly everted by the use of collodium. The upper punctum takes but little part in the absorption of the tears, especially when the lower lid is drawn out a little, so that all the tears accumulate between it and the globe. In the more inveterate cases of lachrymal tumor with suppuration, he produces the ectropium by a ligature entered through the skin of the lid, just external to the punctum and passed downwards and slightly inwards under the skin and muscular fibres,

and brought out two-fifths of an inch from the point of entrance. It is then tied firmly so as to strangulate the skin, as in the treatment of entropium. The favorable effect of this little operation is often observed in the first twenty-four hours, in the quantity and quality of the secretion. The artificial entropium thus produced gradually disappears in a few weeks. If it does not, the epiphora caused by its continuance may be relieved by slitting the lower punctum and canaliculus. The extent and duration of the eversion may be regulated by the amount of skin enclosed in the ligature.

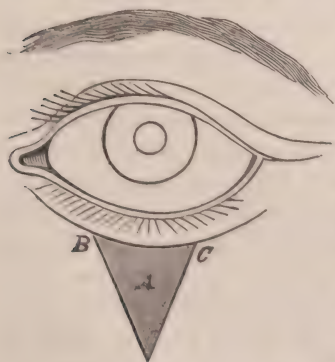
DISEASES OF THE EYE LIDS.—*a.*—ENTROPION.

Partial or complete inversion of the eye-lids may depend upon many different causes, and hence does not always require the same treatment. *Entropion spasticum* is the form which usually occurs in old people with marked relaxation of the skin, from spasmodic action of the orbicularis muscle, without any necessary lesion of the conjunctiva or tarsal cartilage. It may however, be complicated with contraction and atrophy of the conjunctiva; with deformity of the tarsal cartilage and with blepharo-phimosis.

In the simple spasmodic form, I have often relieved it by two or more ligatures placed perpendicularly to the edge of the inverted lid, including horizontal portions of skin and of the fibres of the orbicularis muscle. Likewise excisions of horizontal or perpendicular folds of skin are successful in most cases. Still, after both of these procedures, the inversion is very liable to be reproduced. The operation which appears to me the most philosophical, and which has proved most satisfactory in my practice, is that invented by Dr. Græfe and

described in the *Archiv für Ophthalmologie* for 1864, Part 2, Page 223.

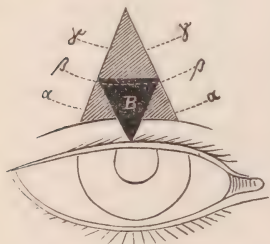
I will give the description in his own words and accompany it with his wood cut. An incision is made through the skin parallel to the margin of the lid, $1\frac{1}{2}$ '' below the same, and extending to within 1'' or 2'' of the commissures of the lid. Then a triangular piece of skin in the form of *A* is excised, the 2 lateral flaps *B* and *C* dissected up and united



with each other by 2 or 3 horizontal sutures. The remaining horizontal wound which gapes little, if any, is left to heal without any

stitches. The width and height of the triangle to be taken out, must vary according to the degree of relaxation of this part of the lid. The height makes but little difference, but the width of the base should vary between 3''' and 5'''. In this variety of entropium, the tarsal portion of the orbicularis fibres are exceedingly contracted, while the outer portions are more relaxed. The consequence is that when the lids are spasmodically closed, the edge is pressed firmly against the globe, while the skin further below (or above, as the case may be), bulges out and favors the inversion. Now the object of this operation is to shorten the skin horizontally, to make the external fibres tense opposite the convex edge of the cartilage, so as to press it more firmly against the globe when the lids are closed. This prevents the fibres near the margin from inverting the lid. It is a beautiful operation and succeeds admirably when properly executed. Before I became acquainted with Græfe's operation, I had sometimes accomplished the same result, that is, *shortening of the skin horizontally* just opposite the orbital edge of the tarsal cartilage, by a ligature applied horizontally, and embracing a wide fold of skin. It is not so nice or so successful as Græfe's method, and causes greater deformity.

It is in spasmodic entropium of the lower lid especially that the operation gives the best results, but it may be applied to the upper lid also. If there is at the same time, deformity of the edge of the lids, contraction of the conjunctiva and diminution of the palpebral opening from adhesion of the lids at the external commissure (blepharo-phimosis), then it can be beneficially combined with the perpendicular ligatures, or canthoplastic, or both. If in the upper lid, the tarsus itself is decidedly shrunk and troughed at the same time, Græfe recommends the following modification: After the horizontal incision and removal of the triangular portion of integument, the edges of the wound are well separated, the orbicularis fibres are in-



cised horizontally near the margin of the lid and drawn upward, so that the external surface of the tarsus is exposed freely. Then a triangular portion *B* of the tarsal cartilage is excised, the base of which, 2''' to 3''' long corresponds to the upper edge of the cartilage, and the apex reaching to near the ciliary margin. Thus its position, with respects to that taken out

of the skin, is reversed. The tarsus must be removed in its entire thickness, so that the conjunctiva alone is left, which with a small

pointed knife, is much easier than the horizontal excisions. The middle one of the sutures which are used for uniting the flaps of skin, (in the figure B) is to be passed through the surface of the edges of the wound in the tarsus. The shortening of the superior edge of the tarsus at the same time that the skin is tightened over the same part of the lid, acts very energetically in relieving the inverted position of the lid. Where this modification however, is required, the operation for blepharo-phimosis is also generally necessary.

b. Trichiasis. Practically it is very important to make the proper distinction between *trichiasis* and *distichiasis*. In the former there is nearly always a loss of the inner lip or angle of the free margin of the lid, caused by absorption and by contraction of the tarsal conjunctiva, combined generally with troughing of the cartilage, from the same cause. Instead of finding the internal lip, along which the orifices of the meibomian glands are seen, marked and prominent, it is beveled off so as to afford no mechanical resistance to the inversion of the ciliae by the action of the fibres of the orbicular muscle. Instead then of standing off from the cornea, they turn downwards and rub upon it in the movements of the lids. In other words, the free margin of the lids which has considerable thickness and resembles the edge of a plank in its normal condition, loses the posterior lip and becomes sharp. If this deformity exists along the whole length of the lid, all the lashes touch upon and fret the eye. When it is limited to certain points, the trichiasis is partial. Chronic blepharitis marginalis sometimes produces trichiasis, but by far the most prolific cause is trachoma. The tarsal conjunctiva and tarsus itself being more or less disorganized and riddled by the deposit of the granulations, eventually undergo atrophy and contraction, resulting in the condition above described. With trichiasis from this cause there is generally blepharo-phimosis from gradual adhesion of the lids at the outer canthus. The shrinking of the conjunctiva likewise diminishes the depth of the cul de sac, sometimes very greatly, giving rise to the so-called symblepharon posterior. All of this favors the inversion of the edge of the lid. In the successful treatment, therefore, of trichiasis, which is entirely surgical, all these difficulties as far as practicable, must be overcome. For the past eight years I have treated this condition with strong silk ligatures, applied perpendicularly to the margin of the lid, and embracing a horizontal fold of skin with the fibres of the orbicularis. The first notice I ever saw of this method was from the pen of Prof. Rau. It seems, however, that Gaillard was the originator of the idea. Finding it in some cases insufficient

in consequence of the persisting blepharo-phimosis, I was led to combine with it the usual operation of canthoplastick. Afterwards I saw the article of Dr. Pagenstecher recommending the same combination, and the operation now usually bears the name of the Gailard-Pagenstecher method. In December, 1859, I published a description of my method of treating entropium and trichiasis by the ligature. In the following March, a short translation appeared in the *Annales d'Oculistique*. In the next issue of the same journal, Dr. Warlomont, the editor, gave a more extended account of my paper with the report of a case successfully treated by ligatures after several other methods had failed. Since that time it has been extensively practiced in Europe, and in combination with canthoplastic, when that is necessary, is still my favorite treatment. It is however, only applicable to entropium and trichiasis, but not to distichiasis. I can not give the number of cases operated on last year, as I did not keep a record of all of them, but they certainly would not fall short of fifty. With the exception of two, the operation was uniformly successful. Since I have been in the habit of combining the operation for blepharo-phimosis with the ligatures, I have got along with fewer and smaller ligatures, and without embracing so wide a portion of skin and muscle as formerly.

[To be Continued.]

Editorial Abstracts and Selections.

Prepared by W. B. FLETCHER, M.D., Indianapolis, Ind.

MATERIA MEDICA.

1. *Propylamine*.—In the *Boston Medical and Surgical Journal* for July 25th, Dr. H. T. Cummings has an article upon the progress of *Materia Medica*. *Propylamine* has been largely used during the last year in rheumatic and certain other affections, and Dr. Cummings here refers to a new source of supply. He says of Cod-liver oil, "It is alluded to here as a reliable source whence to obtain that alkaloid. As the result of an experiment in that direction, the writer took four pints of cod-liver oil, and distilled it with potash and quicksilver, obtaining, as the result of the operation, thirty-two ounces of distillate, containing a large proportion of pure propylamine. A quantitative experiment gave, as an approximative result, ten grains of sulphate of propylamine, which possesses all the properties of that obtained from the brine of herrings, or the ergot of rye.—*American Druggist Circular and Chemical Gazette*.

2. *A New Source of Iodine.*—The *Mechanic's Magazine*, speaking of new sources of several rare substances, says: "Another interesting example is the discovery of a mineral source of that very valuable substance, iodine. The ocean is the great storehouse of this element, all sea-water containing the iodides of sodium and magnesia, but only in such small relative quantity that to extract iodine directly from sea-water is not practicable, and hence sea-weeds, which have the power of attracting it from the element in which they live and assimilating it into their own substance, have hitherto formed the sole commercial source of it. Chemists have been aware of its existence in certain Mexican silver ores, in various land plants growing near the sea, in sponges, and in the oil of the liver of various fishes; but none of these bodies, animal, vegetable, or mineral, contain it in such quantities as would pay for extraction. There is said, however, to have been lately discovered in Chili a mineral consisting of a mixture of iodide of lead with the oxide and chloride of that metal in such proportion as to contain ten per cent. of iodine. This mineral is believed to exist in considerable abundance, and if it really does so, a great reduction in the commercial price of iodine must be a speedy result of its discovery. Such a result would be a great boon to the art of photography, and also to that of dyeing, since the brilliant dye recently discovered by Dr. Hoffman, though the first, will doubtless not be the last, having this element among its constituents.—*Ibid.*

3. *Anæsthesia by Chemically pure Ether.*—M. M. Reynauld and Adrian, pharmacutists, laid before the Imperial Academy of Medicine, Dec. 27th, 1864, a work on the method of obtaining chemically pure sulphuric ether. M. Gosselin stated that at the request of M. M. R. & A. he had tried this pure sulphuric ether, and found their effects far more rapid and certain than that of ordinary ether, and that the period of excitement did not occur. Four to eight minutes sufficed for the production of complete anæsthesia, and as death had been produced in a certain number of cases from the inhalation of chloroform, whilst none had resulted from ether, he thought the latter should be preferred to the former.—*Med. News*, from *Revue du Therapeutique Med. Chir.*

4. *Death of a Surgeon from Chloroform.*—An inquest has been held at Newcastle on the body of Mr. Christopher Coates Lynn, M.R.C.L., of Newcastle-upon-Tyne, who was in good practice in that place. Mr. C. Anson, who was called in to see the deceased, said that he had on two former occasions inhaled chloroform, but could not say for what purpose. There was nothing else to account for death, nor was there any reason to suppose it was taken with the intention of committing suicide. The jury returned a verdict that the deceased had died from the effects of chloroform administered by himself in error.—*Medical Intelligence* from *London Lancet*.

5. *Existence in the Human Subject of Organs unprovided with Nerves, Lymphatics, or Capillariés.*—Prof. Simpson, of Edinburgh, in an article in a recent number of the *Medical Times and Gazette*,

(October 29, 1864), gives an account of some investigations relative to the structure of the umbilical cord and placenta.

The following are his general conclusions :

1. The volume of the umbilical cord and foetal portion of the placenta is formed of nucleated cellular tissue, transversed by the tubes of the umbilical arteries and vein and their numerous placental subdivisions ; and the cord and foetal surface of the placenta are covered by a sheath of serous or seroid membrane.

2. Into the composition of these parts no capillaries, vasa vasorum, lymphatics, nor nerves are found to enter.

3. Hence, in human anatomy, we have these organs, forming a large mass, weighing on an average about two pounds, presenting a type of structure resembling that of some of the inferior zoophytes.

And 4. The human mother and her child, two of the most highly organized beings in existence, are thus temporarily united together, during the intra-uterine life of the latter, by structures of the lowest zoological type.—Paris cor, of *Lancet*.

Obitua! Record.

John Thomas Plummer, M.D., Richmond, Ind.

DIED, on the 10th of April, 1865, at his residence in Richmond, Ind., JOHN THOMAS PLUMMER, M.D., aged 58 years.

The deceased has long been a great sufferer from physical disease, all probably growing out of repeated attacks of acute rheumatism, the first of which occurred a little over thirty years ago in the midst of unusual and oppressive professional labor. Eight years since, associated with an attack of rheumatism, he had an immense abscess under the great pectoral muscle of the left side, which prostrated him almost to the verge of the grave, after which his health was markedly more feeble. Since that time his heart has been structurally diseased, and its condition the prominent feature of his chronic indisposition.

Connected with his cardiac disease he has had asthma, hemiplegia, facial paralysis, very singular nervo-mental phenomena, epileptiform fits, orthopnoea, dyspnoea and dropsy. The physical suffering under these various forms of disease has been more than usually falls to the lot of a single individual, and it was all borne with that quiet, calm fortitude, that is manifested only by the Christian philosopher.

In writing an obituary notice of Dr. Plummer, the difficulty is not a lack of material to draw from, for in his orderly Mss. he has ample autobiographical notes, but it is to select from the abun-

dant store such facts and incidents as will, within my limited space, give the reader a true view of the remarkable man.

John Thomas Plummer was the oldest child and only son of Joseph P. and Susannah Plummer, of Baltimore, but he was born in Montgomery County, Md., at the house of his relative, John Thomas, whose name he bore. His mother died when he was eight and a half years old, soon after which event he was sent to Ninepartners (Friend's) Boarding-School in New York, where he remained four years. His father then--1819--married again and all removed to Cincinnati, and from thence in 1823 to Richmond, Ind., where the subject of this notice lived the remainder of his life.

The testimony of his friends is that his boyhood was characterized by great devotion to books, and a remarkable absence of the love of or indulgence in ordinary youthful sports and pastimes. His own notes declare, in speaking of these early days, that to ten years of age he was careless of knowledge and playful, but somehow learned; from ten to thirteen studied diligently; from thirteen to sixteen cared not for knowledge, but wanted to be good; from sixteen to nineteen, when the memorandum was made, was avaricious for knowledge, and was "like the battle-steed rushing over the field of literature," and it may be added that his desire for knowledge continued nearly unabated for the remainder of his life.

His school education was acquired at Ninepartners and at a private school in Cincinnati, and was comparatively limited; nearly all of his extensive book learning being obtained under self-instruction.

Both in Cincinnati and Richmond he essayed to become a clerk in his father's store, and always with the same result, failure; for he was constantly found with a book in his hand in which he was profoundly absorbed, while the patrons of the store came and went with a minimum of attention, or none at all.

He was now given over to his books, and became a close and successful student; obtained by his own exertions a good, nay a critical knowledge of the English language; studied Latin, Greek, and Hebrew of the dead, and French and German of the living languages, and acquired some knowledge of several others. He was the personal friend and correspondent of Noah Webster, and assisted him with some Western words in the preparation of his Dictionary.

Dr. Plummer's scientific acquirements were general and profound. He was a naturalist, not a mere amateur or theorist, but an active and practical one, applying his knowledge to the investigations of his surroundings, giving whatever was new or otherwise interesting

to the world through the scientific periodicals, more particularly Silliman's journal, between the editor of which and himself there existed a warm personal friendship. His cabinet of specimens and preparations was at one time large, thoroughly classified, and of especial value as illustrating the several departments of natural science as they were developed in his immediate neighborhood. During the latter years of his life, his impaired health unfitted him for exercises of this kind, and he distributed his collections to schools, and to other places where he thought them likely to do most good.

He studied medicine with Dr. Thomas Griffith, of Richmond, and graduated in the Medical Department of Yale College in 1828, one week before he attained his majority. Soon after obtaining his diploma, he opened an office in Richmond, and continued there through life, practicing more or less until within a few weeks of his death, a period of thirty-seven years.

Dr. Plummer, in the beginning studied medical science thoroughly, and continued a student throughout life. As illustrating his industry and habits it may be stated that about the close of his formal studentship, he recorded a list of the works (many of them consisting of several volumes) in the order he had read them, and they number one hundred and eight: and his notes state that while a student with Dr. Griffith his usual hour for retiring was 12 o'clock, though it was frequently later. Another memorandum informs us that in 1826, some special studies having occupied his time until two, three, and even half past four o'clock in the morning, he will now limit himself to acquiring a knowledge of Hebrew, Latin, Drawing, Composition and Algebra.

The books of his large library are full of notations, references, comparisons and criticisms, penciled on the margins, in foot notes, and on detached papers lying between the leaves, much of the marking being done in stenographic characters, the art of using which he acquired for his own convenience in making notes, thus saving both time and space.

While all branches of medical science received his careful attention, chemistry and pharmacy were his favorites. The Journal of Pharmacy will testify to some of his labors in the latter direction, and as a chemist, theoretical and practical, not only as chemistry is applied to medicine, but generally, it is doubted whether he had a superior outside of those who are devoted to chemistry as a special profession.

But whatever Dr. Plummer's love of science and his labor in its

behalf, his love of Christianity was greater, and labor in its behalf had precedence. Born into the Society of Friends (Quakers) he continued a consistent member until death. Without being a slave to the discipline of the Society, or a bigot to its tenets, he held his duty to his Maker and his fellow man through its organization paramount to all other duty. His Christian life was not an idle one, nor one of mere lip service, but of active and efficient labor in whatever capacity he was called to act. Perhaps no man among the Friends was more thoroughly versed in a knowledge of the size, the progress and the principles of their sect, and it was all brought into use to advance the welfare of the Society and the world. This made him one of the most influential members of the Society. Nor was his Christianity confined to the Church and its associations, but all his acts, whether professional or of citizenship, were performed precisely as his convictions of Christian duty dictated; and wherein his life coincided with that of other members of community, and wherein it differed, was all lived, not according to an ephemeral whim, nor because others did, or did not so, but in obedience to his sense of religious obligation.

Dr. Plummer's pen work is very extensive, comparatively little of which has been given to the press, though the periodical publications, scientific, medical, pharmaceutical, agricultural, horticultural, educational, etc., all bear testimony to his knowledge and his industry. His communications to medical journals were peculiar and characteristic; never, it is believed, amounting to an essay; generally the presentation of a new fact, or an old one in a new light, the narration of an instructive case, the correction of a prevailing error, or the supplying a link connecting two or more fragments of knowledge, which, without such connection, were of no practical value; and in all cases the information was conveyed in the fewest and plainest words that would present, in good English, the exact point he wished.

He took a warm, living interest in educational matters, and beside his writings for periodicals devoted to that specialty, he was the author (not compiler) of a First and Second Reader for the use of Friends' (Hicksite) Schools.

But, as already observed, the great mass of his writing is still in manuscript, and it is on almost every subject to which his mind was turned, for from early life he was accustomed to make memoranda, not only of everything he observed or read that was worthy, frequently accompanied by an explanation, a comparison or a criticism,

but also often of the results of the workings of his mind. But it is in relation to the religious Society to which he belonged that he has written most and published least. His manuscripts herein are very voluminous and elaborate, and were left in the hands of his family without instruction.

In concluding this inadequate notice of a remarkable and somewhat peculiar man, it may be said that he was an erudite, a wise, a quiet and an unostentatious man, conscientious in the performance of every act. Among his notes is the following: "I commenced reading medicine on the 20th day of tenth month, 1825; may my principal aim be the good of my fellow man; let not fame nor wealth be desired." This was written in his nineteenth year, and may be taken as the key to his whole life; never seeming to desire knowledge for his personal aggrandizement in any way, but only that it might do good to his kind. All his vast acquirements had a common focus in practical public utility, and his store of science and literature was laboriously prepared for, and freely and gladly given to lighten the service, increase the reward, and heighten the enjoyment of those engaged in productive industry about him, and none were too low or too high for his friendly advice and assistance.

His opposition to public show or exhibition of any kind was carried almost, if not quite, to eccentricity, and this sentiment was, doubtless, combined with others, the cause of his several times declining tendered professorships in medical schools, and leading positions in other educational institutions, as well as of deterring him from uniting with, or attending formal medical organizations that held public meetings.

Of course it was not possible for any one having so many positive and decided characteristics as Dr. Plummer, and so ingenuous, to go through an active life without offending somebody, but no man was more scrupulously careful than he, in word and in deed, to avoid all just cause of offence to all his fellow men.

Always quiet and unobtrusive, he was popularly considered taciturn and retiring, yet, nevertheless, few men were more genial or agreeable in the social circle on all appropriate occasions, and one rarely, if ever, found a more pleasant or instructive colloquial companion.

To persons who were not intimately acquainted with Dr. Plummer, the foregoing obituary may look like the warmly colored eulogy from a personal friend; but of those who had a view of his inner nature, knew of his solid acquirements, his philanthropic love, and

his Christian purity, there is not one but will admit that more might have been written of his real worth and true greatness without overdrawing the truth.

J. F. H.

Joseph Byrd Smith, M.D.

DIED, in this city, May 12th, JOSEPH BYRD SMITH, M.D., aged 44 years.

Dr. Smith was born in the State of New York. He began the study of his profession under the care of Dr. Threlkeld, of this city, in the year 1842, and graduated in the Medical College of Ohio at the close of the session 1844-5.

He was elected Resident Physician of the Commercial Hospital, which place he gained after a rigid examination. He resided in the hospital until March 10th, 1846, when he went to Indiana, where he practiced with success for one year. In 1847, he opened an office in this city, where he has continued to reside, and where he succeeded in establishing himself in a large business.

Dr. Smith was really a self-made man. His early advantages were not very good, but by dint of close study and much reading he developed a mind originally strong and solid. As a physician, few men were his superior. His judgment was very sound. He saw the strong points in every case, and with great promptness brought to bear the results of his large experience and sound judgment in the treatment.

For several years he devoted much attention to Obstetrics, and the diseases peculiar to women. As an *accoucheur*, few men were his equals. Especially is this true of him so far as the management of difficult parturition was concerned. His tact in the use of the forceps, and in all cases indeed where interference was necessary, was marked and even remarkable. His obstetrical practice for the last twelve years has been larger than that of any other practitioner in the city. For the last five years he has been one of the attending physicians of the Commercial Hospital, having under his charge the lying-in department and the diseases peculiar to women and children. The hospital afforded him a fine field, which he put to good use, in the excellent practical and instructive course of clinical lectures which he delivered during the winter session of the school. The large classes of students who have heard him, will long remember the many precepts in the management of the diseases of women, he so ably and practically illustrated to them.

As a lecturer, he was clear, forcible and practical. He had taken

the chair of the Diseases of Women and Children in the Miami Medical College, a position he was well qualified to fill. As a man and a gentleman, his loss is a great one to the profession.

He was honorable, truthful, loyal and generous. In his professional relations, no man had more *esprit de corps*. No one can say that he ever betrayed a professional brother. His love of truth was a strong trait in his character. So marked was this that he had a great dislike for all sham and pretense. In his intercourse with his patients, he was attentive, candid and decided, while he was kind and considerate. He would bear no disrespect or trifling with his instructions or idea of treatment. His treatment of his brother practitioners was always honorable.

He won his position and large business by the force of his talents, unremitting labor, and high toned conduct. His life is a great lesson to young men. The amount of patience, labor, and disappointment, aye, even of sorrow, that is experienced by the young physician, for the first ten years of his professional life in a large city, who can tell but those who have endured it. This is especially true of those who have to suffer from the great affliction of poverty.

Dr. Smith was the friend of young men and by his advice and influence did much to assist and encourage them. His admiration for ability coupled with his generosity led him to give a hearty support to all, whether rivals in business or students. But above all, Dr. Smith manifested his regard and respect for the high toned, honorable physician, a sordid spirit or a mean action he especially disliked.

For the last two years he had charge of the Washington Park Hospital in this city. His executive ability was of the highest order and joined with devotion to his country and its soldiers, rendered his hospital one of the best in the Western country. He was wholly devoted to his profession and pursued it as a liberal calling and a high art. He has gone to sleep in the Christian's hope. He leaves a wife and three children to lament the loss of an affectionate husband, and a loving father. The profession, too, lose a gentleman, a friend, brother, and one who illustrated in his whole life the traits of a good man and successful physician.

Death of Dr. Valentine Mott---Action of the Academy of Medicine.

THE Cincinnati Academy of Medicine having learned with deep regret that it has pleased God, in his infinite goodness and wisdom, to permit to pass away from this earth, Valentine Mott, M. D., L. L. D., in the fullness of years and perfection of all the great virtues of

life as a scholar and a man, as well as the very first Surgeon of our country. Dr. Mott was born at Gien Cove, Long Island, Aug. 20th, 1785. He graduated in medicine at Columbia College in 1806, and proceeded to London, where, as well as in Edinburgh, he studied clinical surgery and medicine under the most eminent professors. In 1809, on his return from Europe, he was called to the chair of surgery in Columbia College, a position which he held till the medical department of that institution, was merged into the College of Physicians and Surgeons in 1813. He was one of the founders of the Rutgers Medical College, which existed about four years. Since 1830, Dr. Mott has lectured in New York in the College of Physicians and Surgeons, and in the University Medical College, as Professor of surgery and relative anatomy, of which latter branch of science he is the founder. His professional reputation is mainly due to his original operations. He has tied the primitive carotid artery 46 times, cut for stone 165 times, and amputated about 1,000 limbs, and has introduced many new and original operations, among which are named, tying the arteria innominata and primitive iliac, exsection of the clavicle, exsection of the lower jaw, cutting out two inches of the deep-seated jugular vein inseparably imbedded in a tumor and tying both ends of the vein, closing with a fine ligature, wounds of large veins of a longitudinal or transverse kind, and even when an *olive sliced piece* has been cut out. Until a recent period he has continued to fulfil the duties of a lecturer and practitioner with vigor and clearness notwithstanding his advanced age. Sir Astley Cooper said in regard to Dr. Mott: "He has performed more of the great operations (in surgery) than any man living or that ever did live." In 1835 Dr. Mott visited Europe for his health and traveled extensively through England, the continent and the East. His principle works are as follows: Travels in Europe and the East; Translation of Velpeau's Operative Surgery (4 vols. 8vo.); Anniversary Discourse before the Graduates of the University of New York; Mott's Cliniques; and many separate papers concerning special operations and cases published in medical periodicals, and in the Transactions of the New York Academy of Medicine. He has many honors from learned American and European associations. It is therefore

Resolved, That, in the death of Dr. Mott, the profession of this country has lost its most accomplished surgeon, and one entirely devoted to the highest scientific pursuits.

Resolved, That in his death the profession has lost a member whose

labors in behalf of surgical science has added the most brilliant lustre to the American profession of medicine at home and all other enlightened countries abroad, and that his name and exalted reputation will live to honor him and his country for ages to come.

Resolved, That during his professional career, he was the pioneer in many of the most difficult original operations known to surgery.

Resolved, That the above resolutions and introduction be published in the Cincinnati *Lancet and Observer*.

CHARLES MUSCROFT, M. D.,	} Com.
CHARLES WOODWARD, M. D.,	
J. L. VATTIER, M. D.,	
E. B. STEVENS, M. D.,	
THOMAS CARROLL, M. D..	

Death of Dr. L. Rigdon, of Hamilton, Ohio.

At a meeting held by the Butler County Medical Society, May 12th, Dr. Wm. H. Scobey being President pro tem., and Dr. John W. Gale, Secretary, pro tem., the following resolution was adopted :

Resolved, That the subjoining paper be transmitted to the Cincinnati *Lancet and Observer* for publication.

Resolved, That the decease of Dr. Loammi Rigdon, who for many consecutive years has been the honored President of this society, is an event which properly demands public action at our hands.

For nearly forty years the Doctor has walked before this community a well-known citizen; and here where our action may be fairly canvassed, we confidently affirm that in his whole active career the profession of medicine has been honorably maintained, and judiciously and successfully practiced—the religion of Christ zealously supported and faithfully exemplified and the character of a Christian citizen left as a model for those who shall come after us.

The Doctor's life is an eminent example of the fact that a man of well balanced mind and sound moral principles may take an active and uncompromising part in all the important affairs of the world, politics included, and yet subdue criticism by the power of a blameless life.

Garnered up by the great Shepherd in a full age, like as a shock of corn cometh in its season; we express no idle regret to his weeping family; but while we ask to drop our tears with theirs at his bier, we congratulate them on the pure life left to them as a priceless legacy.

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CONDUCTED BY

E. B. STEVENS, M.D., AND J. A. MURPHY, M.D.

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Original Communications.

ARTICLE I.

Embolia, producing Softening of the Brain and Hemiplegia.

BY T. H. HAMMOND, A. A. SURG., U.S.A., NASHVILLE, TENN.

S. J. CLEVELAND, of Ohio, aged 29 years, was admitted into the Quartermaster's Hospital, Nashville, Tenn., on the 15th of March, 1865, with hemiplegia affecting the right side. He was unable to speak, but appeared to understand what was said to him, and manifested some anxiety about his effects. The power of motion was lost in the right arm, and as well as I could determine, sensibility also; yet he possessed both to a considerable extent in the left. His bowels passed involuntarily, and his urine dribbled away constantly. As I could learn nothing of his previous history, and not being able to determine the cause of the paralysis; but, my patient being in a very low condition, I endeavored to support him by tonics, stimulants and nourishing diet. He grew worse, emaciated rapidly, and had bed sores upon his hips and sacrum.

It now occurred to me that his paralysis might be due to embolia. I therefore made a careful examination of the heart, and placing the stethoscope over the second intercostal space of the right side near the sternum, found a very loud murmur (aortic direct or aortic obstructive,) with the first sound of the heart. This murmur was propagated into the carotid arteries. At the same point (second intercostal space of the right side, near the sternum,) the second sound of the heart was heard, but it was very feeble, had lost its valvular or clicking char-

acter, and with it was a slight murmur, an aortic regurgitant. The second sound of the heart heard from the pulmonary artery was normal, and contrasted well with the aortic second sound. Another murmur was heard, which was loudest over the apex of the heart, extending to the left of the apex laterally around the chest; was high in pitch and peculiar in character; was louder than the aortic regurgitant, but not near so loud as the aortic direct, and was recognized as a mitral regurgitant. It would probably have been heard at the angle of the scapula of the left side; but as my patient was now in a dying condition, and was pained by being turned about, I did not auscultate at that point. The superficial cardiac space was enlarged laterally to the left; the apex beat in the sixth intercostal space. As the heart beat with considerable force for one in his low condition, it was evident that the enlargement was by hypertrophy and not by dilatation, or that the former predominated. I invited several surgeons connected with the hospital and Quartermaster's department to look at him, from one of whom I learned that he had treated the patient for rheumatism some six months previous. The patient died March 27th.

Autopsy Seven Hours after Death.—BRAIN.—A small amount of serum, estimated to be about an ounce and a half, was found at the base of the brain, with softening of the base of the cerebrum on the left side.

HEART.—On examining this organ, before opening its cavities, the first thing that presented itself to the eye was the increased size of the organ and the large and rounded appearance of the apex. The weight of the heart was nineteen and a half ounces; the thickness of the left ventricle was an inch and a quarter. The muscular tissue of the heart was hard and firm. I examined it under the microscope and was satisfied that there was no fatty degeneration.

Condition of the Valves and Orifices.—The aortic valves were much thickened, (at least half an inch thick,) standing out and completely closing the aortic orifice. This orifice would admit one finger only, passing from the left ventricle and pushing aside the enormously thickened valves. These

valves were very easily broken down, so that passing the finger, as just mentioned, detached portions of them. The large segment of the mitral valve, placed between the auriculo-ventricular and aortic orifices, was much thickened and unpliable in consequence of a deposit which seemed to be calcareous. The other segment of the valve was healthy.

Now here was a case of valvular disease of the heart, in a man who had had rheumatism, and, in all probability, the former was the result of the latter. Endocarditis is most frequently associated with acute rheumatism, and is generally limited to that portion of the membrane covering the valves and lining the orifices of the left side of the heart. It was so in the case here given.

I would direct particular attention to the condition of the aortic valves. As before mentioned, they were enormously thickened, standing out and completely closing the orifice, and were so easily broken down, that portions were detached by gentle handling; so that it was very evident that portions would inevitably be detached by the current of blood. I think it is almost certain that the softening of the brain was produced by these detached portions obstructing the cerebral arteries.

The attention of the medical profession was directed to these migratory plugs, or embolia, a few years ago by Prof. Virchow. In endocarditis, fibrinous deposits, warty excrescences, etc., are frequently very slightly adherent, as may be determined by post-mortem examinations. These are sometimes detached by the current of blood during life, and carried forward with the current until they reach an arterial trunk too small to admit their further progress. Here they are arrested, occluding the artery and cutting off the supply of blood to the part. If the plug should become lodged in one of the arteries of the extremities, we may have paralysis and a loss of sensation, which will continue until the solution of the clot, if it be soluble, or until the collateral circulation is established. If this is not speedily done, gangrene will be the result. Cases of gangrene have been observed in which the disease was attributed to obstruction in this manner of the iliac and femoral

arteries. Or we may have disease of the kidney or spleen from the plug obstructing the arteries supplying these organs. If the clot or fibrinous deposit is found in the right side of the heart, we may have obstruction of some of the branches of the pulmonary artery. But in the great majority of cases of endocarditis and valvular diseases, the left side of the heart and its valves are affected; therefore we have obstruction of the systemic arteries much oftener than the pulmonic; and, owing to the large amount of blood sent to the brain, the detached deposit is very apt to become lodged in the arteries of this organ, producing epilepsy, apoplexy, paralysis, softening of the brain, etc. We may have these results during the progress of endocarditis, from masses of fibrin or lymph obstructing the cerebral arteries, or at a later period, when valvular lesions have been produced as an effect of the endocarditis.

That arterial obstruction may be produced by deposits becoming detached and carried away by the current of blood, might be inferred from post-mortem examinations, where these bodies are found very slightly attached, and the occurrence of paralysis, etc., in connection with these cases. But it is rendered certain by proving the identity of the obstructing body with the excrescences, or vegetations within the heart or upon the valves. This has frequently been done by making a post mortem examination with care and examining the obstructing mass and the deposits on the valves under the microscope.

ARTICLE II.

Cerebro-Spinal Meningitis.

An Essay written for the County Medical Society of Hamilton County, Ohio,

BY T. A. PISKNEY, M.D., COLLEGE HILL.

THESE words, found in our nosological tables, if taken simply in their etymological sense, clearly define a certain lesion of the brain and spinal cord. But, in the modern literature of our profession, they are used to describe, at least, two morbid conditions, dissimilar in their essential nature and character, though oftentimes simulating each other in the progress and events of their history. It is a great misfortune when a name

is given to any affection, that it conveys an erroneous impression of its seat and nature. The mind is thus drawn off from the study of its true pathological character; and hence fails in its effort to collect proper data for therapeutical deductions.

Cerebro-spinal meningitis means an inflammation of the membranes covering the brain and spinal cord. It is characterized by certain phenomena, that indicate to the mind of the educated observer, the lesions of structure that produce these phenomena. It is an inflammation; and with his mind well stored with the principles of his profession, the practitioner proceeds to elucidate these principles in the application of his remedies. But, in the light of modern nomenclature, the result of his reasoning may be right, or it may be wrong—more probably, it will be wrong. He can feel no certainty about it until he shall have witnessed the effect of his treatment; and then, perhaps, he will have discovered that there was no inflammatory action in the case. Instead of depletants and evacuants, he should have used sedatives, tonics, and stimulants.

I do not propose, Mr. President, in this essay, to enter *at all* into the consideration of cerebro-spinal meningitis as a simple inflammation of the membranes. I wish to invite your attention and the attention of the Society very briefly to the disease, called by some cerebro-spinal meningitis; by others spotted fever.

To my mind, the first name is objectionable, as not designating with precision in every case, or in a majority of cases, the anatomical seat and pathological character of the disease; and "spotted fever" is equally objectionable, for as much as the petechial eruption is not an unfailing attendant of its phenomena. Indeed, according to most respectable testimony, the spots or petechiæ are absent in a large proportion of cases.

Let us study, for a few minutes, its symptoms; then examine its morbid lesions; and then, again, if we can, let us trace the relation and dependence of symptoms and lesions.

What are the symptoms of meningitis or spotted fever, as exhibited in the recent epidemic that has visited various sections of our country? In answering this question, I will take

a case reported by Dr. Levick, to the College of Physicians of Philadelphia. Patient, a girl eighteen months old, apparently in perfect health on being put to bed at an early hour in the evening. She awoke at 1 o'clock A. M., complaining of pain in the head. At 9 o'clock, the Doctor saw her. The skin was of a purple hue, uniformly and finely mottled, with here and there a few isolated spots of a deeper purple. Eyes slightly ecchymosed, presenting a dull, stupid, and, at times, an astonished appearance; pulse 60. The child died at 3 P. M. Dissection was made twenty-five hours after death.

Externally there was a decomposition of the abdominal walls which were of a green color. The surface of the body was universally mottled; there were vibices on the knees, and petechia on the legs. On removing the calvaria a large ecchymosis was found under the pericranium near the sagittal suture. The vessels of the dura mater were filled with dark and fluid blood. The substance of the brain, and of the medulla oblongata, was natural in its appearance and consistence. There was no effusion in the ventricles; and the most careful examination failed to detect the slightest evidence of inflammatory exudation. The blood was fluid in the mesenteric veins; the intestines were every where dotted with minute extravasations of blood, both on their outer and inner surfaces. Similar extravasations were found on the bladder, in the kidneys, and on the diaphragm. The lungs contained large quantities of fluid blood. In the right heart, the blood was thin and fluid, looking not unlike claret wine.

Now, let us consider the significance of the symptoms in this case, in view of the facts revealed by the dissection. The first symptom complained of was a severe pain in the head. Hence the inference that there is a lesion of innervation. Under this head, also, may be classed the dull, stupid and astonished appearance of the eyes, as well as, perhaps, in part, the low rate of pulse. But will this assemblage of symptoms sustain the diagnosis of cerebro-spinal meningitis? And, if taken in connection with the mottled skin and the numerous petechial spots over the surface of the body, shall we say with Dr. Stille, that it was meningitis of a typhoid type?

Reasoning *a priori*, such a conclusion would, in my humble judgment, be illogical.

When interpreted in the light of the dissection, what reason do we discover for calling the disease meningitis? or, indeed, for placing it with the phlegmasiæ, and calling it an inflammation at all? What evidence have we of inflammatory action? What products of inflammation do we find? There are no effusions of serum in any of the cavities; no depositions of lymph; no suppuration; no inflammatory softening of tissues; but, on the contrary, "the substance of the brain and of the medulla oblongata was natural in appearance and consistence." Besides, Dr. Levick says, the blood was every where thin and fluid, resembling claret wine. Consequently, its structure was broken down; it was non-plastic; and hence unfit to support the processes of inflammation.

I can not but conclude, therefore, that meningitis, for the special case we are considering, is a misnomer. I am not disposed to name it, but I believe the retention of the name will work mischief in practice. I am prepared to declare, however, as a general proposition, and as my own conviction in the premises, that the seat and origin of the disease are *primarily* in the blood, and that all the *other lesions* are consecutive thereto.

But let us briefly detail the history of another case, reported by Dr. Jewell, at the same session of the College of Physicians of Philadelphia; presenting a somewhat different train of symptoms, and showing a corresponding difference of morbid appearances on cadaveric section.

Patient, a boy, 9 years old. On Thursday evening complained of uneasiness and stiffness in lower jaw and muscles of the throat; restless during night. On Friday morning his speech was thick, mumbling his words; complained of being cold and kept close to the stove. Soon after, he had a severe chill, his skin assuming a purplish hue. In the afternoon, he was sick at the stomach and vomited; the skin retaining its bluish appearance; he had a violent pain across the forehead; was extremely restless, giving evidence of great suffering. These symptoms continued throughout Friday night; he would

cry out with pain, and complained of extreme muscular soreness when touched or moved. On Saturday he had convulsions, and his body was covered with a purpurous eruption. At 2 p. m. he was unconscious; lying on his side, knees drawn up, the muscles of the back of the neck retracted, throwing the head permanently backwards. The eye-balls were congested, the lids being wide open, with pupils dilated and insensible to light; the pulse slow and scarcely perceptible. He died at 5 p. m., after an illness of less than forty-eight hours.

Autopsy was had twenty-hours after death; and the following is an abstract of the notes taken at the time: Body not very rigid; skin very white; a few scattered petechiæ on the chest, arms, belly and legs; none on the face; a good deal of hypostatic congestion of the posterior or under portions of the body, the scalp, and the ears. The blood in all the veins and receptacles of the body, was found to be abnormally fluid; the vessels of the dura mater were engorged with fluid blood and of a very dark color. A yellow effusion existed in the subarachnoid space, and was supposed to be of a serous character; a similar fluid was also found in the spinal canal. The substance of the brain was firm, with very little if any congestion. In the lateral ventricles was a reddish serum; and on cutting into the substance of the brain anywhere, the gap would fill up with serum exuding from the cut surfaces. About two ounces of serum was found in the pericardium. The heart was firmly contracted and contained some small, black softish currant-jelly-like clots.

There is no denying the fact, Mr. President, that in this case, and in numerous other cases of which this may be received as a type, we have evidence of inflammation; and, if you please, of meningitis. The morbid anatomy fully confirms the clinical deductions from the symptoms. But both symptoms and morbid anatomy show that the inflammation was asthenic. Notwithstanding we find deposits of lymph and effusions of serum; yet we also find a condition of blood unsuited to the maintenance of inflammatory action. It was every where fluid and disorganized, and totally unfitted to support the functions of nutrition and repair

I regret that the Prosector in this case did not describe the character of the exudations. The plasticity of the blood, however, must have been greatly diminished; the lymph slightly adherent to the surfaces, soft, gelatinous, and easily removed. The reports of others affirm this proposition and establish, beyond question, the diminished vitality of the blood.

From these facts, thus summarily stated, and without elaborate argument, I feel reassured in the position above taken, that this morbid condition of the blood was precedent to the inflammatory action; and that the inflammation was therefore an incident, rather than the primary cause, or the chief or constituent characteristic of the disease.

I am informed by Dr. Payne, a physician of learning and skill, residing in Johnson County, Indiana, and who has had a large experience in the treatment of "spotted fever" during the last two or three years, that in every case coming under his observation, the blood was found disorganized. In one instance, where the patient died in six hours after uttering her first complaint, and whom he saw four hours before death, the blood upon examination presented the same evidences of disorganization.

As might be expected, various degrees of lesion of this fluid are to be found in the different cases that fall under observation; differing at the time of its first appearance, as well as during every stage of its progress. In some, the injury already done is so great at the moment of its recognition, as to be suddenly followed by death; in others, the injury being less, and the cachemia not so thoroughly pervading the mass of "life's current," the struggle is prolonged; and, if sufficient vitality remain in the blood, inflammation is set up in some of the organs or structures of the body. And let me ask, what structure or class of tissues would be so apt to suffer from, and so readily show the effects of, this morbid condition, as the brain and its nervous dependencies?

It is computed by physiologists that the brain receives, and requires for its vigorous, natural operation, at least one-fifth of all the blood of the body. The waste of its tissues is constant and rapid; and its calls for fresh supplies of nutrient

blood for the repair of this waste, and to maintain its normal integrity, are imperious and can not be withheld without imperiling the life of the individual. The blood, too, must be sufficient, not only in quantity, but must be pure in quality, to meet these requirements. Disturbance of function and lesion of structure, more or less serious, necessarily follow the intercepted or retarded flow of blood to the brain; and all experience affirms that the impairment of its nutritious qualities by toxic or other corrupting agents, works out the most disastrous results to the organism. Not the brain alone, but the spinal cord, the ganglionic system and other nerve substance throughout the body, suffer alike when deprived of their normal supply, either by mechanical impediment in its passage, or by contamination of its properties.

Now, from the established, or well received theories of inflammation, can we not account with satisfactory clearness, for the meningitis, or the cerebro-spinal meningitis, in the disease miscalled "spotted fever," without making the inflammation the first link in the chain of morbid action? I can not, in the restricted limits of this essay, argue this question *in extenso*; yet I can not wholly refrain from submitting a few thoughts that, I think, bear pertinently upon it.

It is conceded, I believe, by all medical theorists of whatever school, that the histological relations of the blood to the entire organism are of the first importance; forasmuch as the elements for the development of tissues, and for the formation of the fluids are derived from it. No one will deny this. But why are not the pathological relations of the blood to the organism, equally important? Suppose, for illustration, that the corpuscular element of the blood be diseased, and that an abnormal disintegration of the colored discs be the result. Now, in view of the physiological function of these discs, and their direct relation to the functions of respiration and calorification, as well as to the metamorphosis and repair of the tissues, what should we expect to find as the effect and consequence of this diseased condition of the blood. Ignoring the effect of its reactions on the blood structure itself, we should certainly look for imperfect æration and its manifold conse-

quences; for non-depuration and the consequent retention of the debris of tissues; for impairment or total arrest of nutrition and secretion; and for an increased or a diminished ratio of the natural heat of the body.

Here, then, is presented a sequence of results, any one of which is a sufficient cause of disturbance to endanger the life of the organism. But these terms of generalization give us, after all, but a very inadequate idea of the fearful rapidity with which the baneful effects of this primary lesion of the blood-vessels are diffused through the system, and the certainty with which a cachexia is engendered and spread through the system, vitiating alike the blood and the tissues.

I have said enough, perhaps, to indicate the course of my argument on this question, and to show the grounds of my opposition to the name chosen by many to designate the disease known, in professional and common parlance, as "Spotted Fever."

Before closing this essay, I will take the occasion to say a word in relation to the treatment of the disease.

If my theory of its pathology be the true one, then, clearly, the treatment should, in the main, be restorative. The means of cure should be tonic, stimulant, in its fullest sense, and nutrient; with such deviation and modification as the nature and activity of any intercurrent inflammation may require.

I have read numerous reports of cases of this disease, from physicians of our own and of foreign countries; and after a careful digest of different modes of treatment, I am fully persuaded that the general principles above stated promise the best therapeutic results.

ARTICLE III.

An Obstetrical Case—with Typhoid Fever.

BY H. F. BARNES, M.D., INDIANAPOLIS, IND.

On the 10th day of October, 1864, I was called to see Mrs. C., who with her husband and family, had lately arrived at this city from the State of Arkansas.

They had been living near Little Rock in a malarious

locality and in a destitute and almost starving condition, owing to the existing rebellion. She was some eight months advanced in pregnancy. There was a deep jaundiced condition of the system, complicated with a fever of a typhoid type. She complained of severe headache with general uneasiness. There was dullness of intellect and irregular flushes of heat, attended with chilly sensations, furred tongue, and a tendency to constipation. There was also nausea and vomiting, which nothing ordinary seemed to allay.

Notwithstanding her condition of pregnancy, I determined to administer an emetic, which acted finely and efficiently. I followed the emetic with a mercurial cathartic, combined with pulvis doveri, and when I called the next day (Oct. 11,) found it had acted finely, producing copious bilious discharges; the pulse about 100; the intellect more bright, but the jaundiced condition much the same; tongue more moist, and very little pain.

The friends fearing a large fee, and her condition requiring it, I prescribed small portions of pil hydrarg in combination with pulvis doveri, two grains of each to be taken every four hours. I also prescribed spts. æth. nit. and tinct. opii camp., equal parts to be administered in teaspoonful doses at stated intervals, as a diuretic and diaphoretic. I also prescribed the syrup of quinae to be given in proper sized doses at stated intervals, in case there was an abatement of the febrile symptoms, with a tendency to moisture of the skin.

With the above prescriptions and proper advice, I left my patient, with the request that they would report to me in case any unfavorable symptoms should present themselves.

I saw my patient no more till October 15th, when I was hastily called. I found the tongue dry in the centre, with a cracked appearance, and fiery red about the tip and edges; pulse 120 and contracted; a dull heavy expression, with pain in back and limbs; also in the right iliac region, with tympanitis, and a gurgling sound on pressure being made. The deep jaundiced condition continued; the skin dry and hot; the urine scanty and high colored. The bowels had been moved once or twice during my absence. Pil hydrarg. continued as

before, also the other prescriptions with the addition of turpentine emulsion combined with carbonate of ammonia. I also ordered hop poultices to the bowels and whisky toddy internally; also beef tea at stated intervals.

Oct. 17th.—I found my patient in some respects better, the jaundice somewhat relieved, also the pain in the bowels and soreness somewhat relieved. The rose-colored spots were apparent on the abdomen, also sudamina on the neck and thorax. Prescriptions continued as before, with the addition of more frequent potations of whisky, she being extremely debilitated.

Oct. 18th.—I found my patient still better, pulse 100 and more round and full; tongue still dry, with a cracked appearance and red about the tip and edges. From this period to Oct. 24th, the patient continued much the same, with occasional complications.

Oct. 25th, 26th.—My patient complains much of bowels and has critical and bloody discharges. I ordered enema of starch water, with laudanum; carbonate of ammonia continued in increased doses with opium and tannin.

Oct. 27th, 28th.—My patient continued much the same, being much emaciated; pulse 115, weak, and contracted; bowels somewhat relieved. The above prescriptions were continued.

Oct. 29th.—I was called early this morning to see my patient, and found her in labor, but almost exhausted. I gave her black pepper tea and strong whisky toddy alternately and frequently. I also continued the ammonia in increased quantities, and vinum ergotæ ad lib. The labor proceeded slowly at first, but the tea and toddy seemed to increase her strength, and the ergot caused the womb to contract properly. During each pain I feared she would succumb, but at the end of five hours from the time I arrived and in great tribulation she gave birth to a fine large child, which was alive and extremely vociferous.

In the course of fifteen minutes, and after my patient had sufficiently rallied, I removed the secondines with little or no hæmorrhage following, and at noon left my patient doing as

well as could be expected; pulse 100, but full and round. The throes of labor seemed to have equalized the circulation. The jaundiced appearance of the mother is present with the child.

Oct. 30th.—I found my patient doing well; pulse 95. Turpentine and ammonia continued.

Nov. 1st.—My patient is rapidly improving; lochial discharge correct; tongue more moist and cleaning from the tip and edges; turpentine and ammonia continued, alternated with syrup of quinae.

Nov. 2d.—My patient continues to improve. The child died to-day apparently of exhaustion. My patient continued to improve up to November 12th, when I discharged her convalescent, and at this time is in the enjoyment of her usual health.

I consider the above as an extraordinary case, both as regards the complications and also from the fact that the patient recovered so rapidly, after giving birth to a child on the nineteenth day of typhoid fever, with the attendant phenomena.

ARTICLE IV.

An Epidemic of Typhoid, Typhus and Spotted Fever.

BY D. W. C. DENNY, M.D., ALBION, IND.

In the May number of the *Lancet* for 1865, appeared an article, under the above caption, by Dr. Pearce, of Mechanicsburg, Ohio; upon which, please allow me to make some remarks. My reasons for doing so are to correct, what I honestly believe, an *erroneous impression*, which those who have not had the benefit of personal observation in the disease called Spotted Fever, might receive, after reading the article referred to.

In the first place, with the kindest of feelings toward the Doctor, he evidently made a very grave mistake in calling the cases he refers to, Spotted Fever.

This disease, which has prevailed as an epidemic, portions

of the last three or four years, in nearly every community throughout northern Indiana; and by physicians is called *Malignant Spinal Meningitis*; has invariably appeared and run its course, when the districts affected have been *totally exempt* from *Typhoid* or *Typhus Fever*. Hence, my desire to correct the idea advanced, that “Typhoid, Typhus and Spotted Fever are but varieties of the same disease. It may not, perhaps, in this connection, be improper to give the symptoms of this disease, as they have shown themselves in this country. Children, under twelve years of age, are almost invariably its victims. In nearly every case, without any warning, the victim is attacked with a chill, followed by the sudden occurrence of violent pain in the posterior portion of the head, and upper portion of the spine, extending sometimes to all the extremities, but more frequently, by far, to the left leg and arm, rendering them almost useless.

The head, after the expiration of an hour or two, is drawn backward, and no reasonable amount of force can bring the chin to the breast. The pupil of one eye—but the left one in nine cases out of ten—becomes fully dilated, and if the sufferer survives a few days, total blindness of the affected eye occurs; which, however, regains its natural usefulness as soon as convalescence is fully established.

Simultaneously, sometimes, and immediately following these symptoms, appears the characteristic eruption, which is non-elevated, and does not recede upon pressure. The eruption is of a dark purple color, with sometimes a gradation from ecchymoid to those of a bright red. The dark purple spots are never absent, except in cases of very sudden death. The spots, here let me add, are not of a uniform size; some are not larger than a pin's head, while some are from one-half to an inch in diameter. There is sometimes vomiting in the commencement of the attack, with abhorrence of food; and in every case, there is obstinate constipation. The febrile symptoms, of course, vary; and in the sudden, fatal cases, none follow the chill.

There is not complete delirium in any case; the tendency is more to stupor than delirium, and patients can usually be

aroused so as to give intelligent answers to questions. In all fatal cases the patient dies comatose.

It would, of course, be out of place in this connection to give the treatment now uniformly adopted. I sincerely hope that every candid reader will impartially judge; and that the idea advanced, that "Typhoid, Typhus and Spotted Fever" are but varieties of the same disease, will not receive any adherents. I beg pardon for this long trespass upon your time and pages.

ARTICLE V.

A Case of Severe Injury—Recovery.

Treated by O. D. NORTON, Act. Assist. Surgeon, U.S.A., and reported by J. H. LUKES, A.B.

REV. WM. F. NELSON, act. 56, Chaplain, Washington Park, U.S.A. General Hospital, Cincinnati. On the 28th day of Jan., 1865, while in the discharge of his official duties he was knocked down and stunned by the pole of a two-horse sleigh. While on the ground, the horse's foot struck him in the face, over the right molar bone, fracturing and separating the entire upper jaw from its attachments. The external wound, commencing at the tuberosity of the right molar bone, extended horizontally across the nose, immediately beneath the external canthus of the right eye, then vertically downwards to the right angle of the mouth.

Commencing upwards and going downwards, we find the following injuries; first, a fracture of the several bones composing the floor of the right eye; next, a comminuted fracture of both nasal bones, and their separation from the attachment to the frontal bone. The right superior maxillary bone was also fractured, it running through the antrum hyrnoriarum. Both maxillary bones were loosened from their attachments of the pterygoid plate of the sphenoid. The whole of the right side of the maxillary bone was thrown forward in such a manner, that in looking below, the fauces and epiglottis were plainly visible. The palate bones were separated from one another, and portions of the soft palate torn and lacerated.

The last two molars of the upper jaw, and also of the lower, on the right side, and last molar of lower jaw on the left side were loosened. A rib was also fractured on the right side.

Upon having received the accident, the Chaplain was immediately conveyed to the Washington Park Hospital, where his wounds were dressed by Dr. O. D. Norton, assisted by the late Dr. J. B. Smith and Mr. John L. Neilson, Medical Cadet, U.S.A. Although the patient was not put under chloroform, the loosened molar teeth, and numerous spiculæ from the fractured bones were removed, as also the lacerated portions of the soft palate. The nasal bones were brought into opposition by conical rolls of lint, introduced into each nostril. A large bandage passing through the mouth and over the head was used to bring the bones into opposition. The inferior maxillary was used as a lever to support the superior maxillary by pieces of cork being introduced between the teeth on either side. The external wound was united by sutures. It might also be added here that the integuments of the face were much bruised. On the receipt of the injury, the health of the patient was excellent.

The constitutional treatment was limited to tinct. ferri chlor. and quinia sulph. in liberal doses.

The external wound healed rapidly. After the discharge of diseased bone had nearly ceased, an appliance of silver plate, extending across the roof of the mouth, and enclosing the last two molar teeth on each side, on the outside of which were soldered on each side horse shoe shaped branches, which passed out of the angles of the mouth, held the superior maxillary in apposition. On the end of these branches, rings were attached, through which the bandage was introduced and passed over the head. By this contrivance the parts were kept in perfect apposition, until union had taken place. It might also be stated that several spiculæ of bone were removed during the process of recovery.

The health of the patient has now been fully restored, although he experiences some loss of the power of mastication and speech. The latter faculty seems to be improving, and the patient expresses an earnest trust that, although he will

never be able to articulate as well as he could formerly, it will continue to improve. The lacrymal ducts have been obliterated. At the present writing, there exists still more looseness of the superior maxillary bone. In all other respects the patient is unusually well.

Medical Societies.

Proceedings of the Cincinnati Academy of Medicine.

R. R. MCILVAINE, M.D., PRESIDENT, in the Chair

Reported by C. P. WILSON, M.D., Secretary.

EXTRACTS from May 15th to 30th, 1865.

Reports and Discussion on Phlegmasia Dolens.

At a previous meeting, Dr. W. P. Thornton had reported a case of *phlegmasia dolens* under his care, which called out other reports and a very general discussion.

Dr. W. P. Thornton said the case formerly reported by him of what was once called *phlegmasia alba dolens* was progressing favorably. The real pathology of this affection was not until recently understood. It was, at one time, supposed to depend upon metastasis of the milk, hence called milk-leg. It had been supposed to depend upon suppression of the lochia, upon inflammation of the nerves and nerve coats, upon inflammation of the cellular tissues of the leg, inflammation of the lymphatic vessels, upon inflammation of the fascia lata and finally upon phlebitis. Virchow, with many other modern pathologists, have almost demonstrated that the first step in the morbid process is coagulation of blood in the veins, and the only interesting feature in the case reported was the very perceptible feeling of the firm, hard, cord-like, internal saphena vein down the inner side of the thigh. The case was a mild one, and he supposed only coagulation had taken place in the saphena vein.

Whatever increases the proportion of fibrin in the blood promotes the tendency to coagulation. Hence, pregnancy which increases the proportion from two and a half to six

or seven per thousand, also increases that tendency. When blood is at rest for a few moments, whether in the blood vessels, or effused into the cellular tissue, or drawn from the arm by venesection, coagulation takes place; hence syncope and other causes, which retard the current of the circulation, may give rise to coagulation. After delivery and separation of the placenta, when the amount of blood sent to the uterus is greatly diminished coagulation may take place in the uterine veins, extending into the internal iliaes, and finally involving the femoral and other veins of one or both lower extremities. The proper name for this affection was *Thrombosis puerperalis* and not *phlegmasia dolens*, as some of the characters of inflammation were wanting. There was effusion into the cellular tissue of the leg, but that effusion was the result of arrest of venous circulation in the limb. It is true that on dissection the cellular coat of the vein was found thickened, indurated and adherent, but so was the same tissue in the whole limb. There was found, according to the dissections of Virchow and Lebert, no indications of inflammation on the internal, or serous coat of the veins, no suppuration or effusion or any inflammatory products as in other cases of genuine phlebitis, as after surgical operations and other injuries, and indeed the comparatively rare fatality of this disease when uncomplicated was strong, presumptive evidence against its being a true phlebitis, which is agreed by all authors to be a very fatal disease.

This disease, like all others, has its complications, such as metritis, metro-peritonitis, inflammation of the contents of the broad ligaments which may prove fatal, but when simple in its character is far from fatal. He had treated his mild case by frictions with an ointment containing opium and camphor, with gentle bandaging, rest in a horizontal position, mild nourishing diet and gentle tonic medicine. When the patient is able to resume the upright position, he expects to order a laced stocking.

Dr. Carroll said he thought the gentleman's views of the pathology of the blood coagulating spontaneously in the vein without any part taken by the vein or its coat were surprising,

thought it showed the people of Vienna did not understand venous circulation. We know the femoral vein lies in close juxtaposition to the femoral artery and also that it is supplied with valves. When a drop of blood passes through a valve, it can not return as long as the valve is perfect; the blood is not passed along by the action of the veins but by the swell or impulse of the artery—thus it is in the femoral vein. So long as the swell of the artery continues, so long will the vein send the blood along its course. In the lower limbs sometimes the valves lose their power, and then we have varicose veins, for which the patient uses lace stockings, bandages, etc. The idea of the blood coagulating in a vessel designed to convey the blood is surprising. It shows the Germans ignorant of venous circulation. As to phlegmasia dolens, in some cases blood and also shreds of lymph have been found hanging to the inner coat of the vein, showing an inflammatory condition, consequently the blood is retarded and stopped. This fact has been proven by Robert Lee, Jones and others. Sometimes one side of the vein remains of a normal size while the other side is thickened. Sometimes the vein is destroyed. Again, the tissue around the vein is inflamed, and also the neighboring glands swell and in fatal cases suppurate. Three-sevenths of these cases commence in the uterus in metritis. Out of forty-seven cases, twenty-four, according to Robert Lee, were of this character. We admit that the blood is retarded, but there is not a complete plug, for it passes slowly along until the vein is destroyed. If three-sevenths of these cases arise from metritis, would we not argue that inflammation is always present? and in chronic cases is not the vein destroyed by inflammation? One remark of Dr. Thornton's that the arteries and veins do not convey blood through inflamed parts was not applicable, he thought, to the great radicals, such as the femoral artery and vein, but only to the smallest and most remote branches.

Dr. Carroll said his experience was that when after confinement a woman complained of pain in the iliac region we should leech, purge slightly, not violently, (which would be injurious any time during the disease,) give small doses of

calomel, tartar emetic, and a full opiate at night. After the inflammation had subsided, tonics. Robert Lee says, apply three or four dozen leeches to the part for three or four successive times. For his own part, he did not think many patients would need so many leeches applied so often. In his practice he had seen three cases—one a healthy woman whose limbs still remain swollen and trouble her. If at the beginning, she had been treated actively, she would not now suffer from a swollen limb. Again, he had a distant relative in Wheeling, who is troubled in the same way. She had been under his treatment for some time. He first gave slight purgatives, small doses of calomel and tartar emetic, and now iodide of potash freely. She has improved, but the leg is still swollen and painful. In another case in Avondale, which he treated from the first by active depletion, the patient recovered nicely in a short time, has borne children since, and experienced no pain or trouble in the limb. Dr. Carroll further said he noticed a French Professor recommended the use of long strips of blisters along the course of the vein. This treatment he thought would be good after the inflammation had subsided. As to bandages and embrocations, they are of no account though a gentle friction might be useful. We should act on the general system, and where the constitution of the patient wont admit of leeches and blisters, he thought we might employ a sixty-grain solution of nitrate of silver.

Dr. John Davis reported a case of *phlegmasia dolens*, the patient being under his care at the Commercial Hospital. Ellen McAvoy, aged twenty, admitted April 1st, to await her confinement. Her babe was born thirteen days after her admission. Until her child was two weeks old, she did very well. Her lochial discharge was of the proper color and quantity; and she had an average supply of milk. But, at the end of this period, she was attacked with chilliness, followed by much fever; her milk and her lochia, at the same time, nearly ceasing.

Our deceased friend, Prof. J. B. Smith, was in charge of her ward. He examined her case carefully. No tenderness of the uterus is recorded as having been observed. The patient

and house physicians say that none was present. An inflammation of the right lung, involving nearly the whole of this organ, was the only local difficulty discovered.

On May 12th, after the decease of Dr. Smith, she was placed under his care. He found her under the following treatment, viz.: \mathcal{R} Muriate of Ammonia, \mathfrak{z} ij; Sirup of Senega, \mathfrak{z} iv. Solve. Signe: Give a teaspoonful every three hours.

She was, also, under the use of the following, viz.: \mathcal{R} Quinia sulphat., gr. xij; Pulv. Doveri, \mathfrak{ss} . M. et div. in part xij. Signe: Take one every three hours.

She took a pint of Catawba wine per day. Her condition, when he first examined her, was as follows: General appearance very anæmic; the lower half of her right lung consolidated from inflammation; and she has a considerable amount of cough.

Another difficulty now also presents. Her whole right lower extremity is very much swelled and pale. There is pitting on pressure over any part of the front of the leg. Pressure on the uterus does not cause pain. But the iliac region is tender; also, that of the femoral vein; which vessel is distinctly perceptible, enlarged, and very hard; giving the impression to the fingers of its being changed into a firm cord. The swelling in the upper half of the thigh is not so great as to, in the least, interfere with tracing this vessel. The parts about it are soft.

The *internal saphena* and the other superficial veins do not seem to be affected. An examination over their situations does not manifest the existence of any hard cords or knots. It must be, therefore, that the femoral and external iliac veins are still pervious to some extent, notwithstanding the hardness of the first named vessel.

This *phlegmasia dolens* began three days ago. Up to that day, from the time of the occurrence of her pneumonia, she had very little milk, and her lochia were pale and scanty. At the time when this new mischief began, her lochia entirely ceased, and she had pain and tenderness in the uterus.

Regarding it as probable, that there is some amount of inflammation of the uterus, and that the pale, scanty lochia,

which she had till nearly this day, were an acrid, poisonous fluid, and that a tendency to this secretion continues, he ordered her to be injected *per vaginam*, with copious amounts of warm water (half a wash basin full) three times per day; and that each of these washings should be followed with syringing with one fluid drachm of liquor sodæ chlorinatæ in four fluid ounces of warm water. The chlorine was used to secure a more thorough prevention of infection of the system from the secretions of the uterus; which secretions, when morbid, or when there is decomposed blood, or the products of the decomposition of remaining parts of the membranes, or of particles of the placenta in the uterus, are, in his belief, the most frequent causes of puerperal fever and of other difficulties resulting from child-birth.

He directed that Dr. Smith's treatment be continued, but that one quart bottleful of ale be given her every twenty-four hours, instead of the wine; also, that over her right lung, over her uterus, the right iliac region and the inner side of her lower right extremity, the following be applied, once per day, with a camel's hair pencil, viz.: R Tinct. iodine, Alcohol, aa., ʒj. Mix.

She is also to have a teaspoonful of the following three times per day, viz.: R Citrate of iron, ʒj.; Catawba wine, f. ʒij. Mix.

At the present time, May 22d, the swelling has evidently diminished in her thigh, and the femoral vein is much softer. Her general condition is also improved. She is cheerful, and says that she is better. She can now move her diseased limb without help; but this is only done with great effort. Her child gets some nourishment from her breast, but it is a very weak babe.

In reference to the pathology of *phlegmasia dolens*, a difference of opinion exists. Up to a comparatively recent period, the writers on this subject were agreed, that this affection depends upon the presence of phlebitis at some one point. Virchow, however, who has been followed by very few pathologists of note, but by many general practitioners, discards the idea of the presence of phlebitis as existing in it. He

proposes to substitute the term, *Thrombosis* for the different names, phlebitis, arteritis, etc., inasmuch as the affection essentially consists, he thinks, "in a real coagulation of the blood at a certain fixed point." He says, "that before a trace of inflammation is visible, we find a clot; and that, shortly afterwards, in the middle of this clot, a mass displays itself which differs in appearance from the clot; whilst, on the other hand, it exhibits a greater or less resemblance to pus." He says, "we do not know that inflammation, as such, has any necessary connection with coagula. Upon investigating the history of these thrombi (clots) we find that the puriform mass, which is met in their interior, does not originate in the wall, but is produced by a direct transformation of the central layers of the clots themselves, a transformation, indeed, which is of a chemical nature; and during which, with a result similar to that which can be artificially obtained by the slow digestion of coagulated fibrine, the fibrine breaks up into a finely granular substance, and the whole mass becomes converted into *debris*—the *debris* consisting, when a certain time has elapsed, of fine pale granules."

J. Hughes Bennett, another recent and very good authority, takes the opposite view. He says, that "inflammation of veins is of much commoner occurrence than of arteries." "In some cases it leads to a deposit of fibrin upon the inside of the vessel, 'furring it over,' as Mr. Hunter says. The blood soon coagulates and blocks up the inflamed vein, or leaves, perhaps, a narrow passage in the centre."

"Inflammation of the femoral vein, obliterating its cavity, is the essence of the complaint known . . . under the name of *Phlegmasis dolens*, a complaint which may happen to persons of any age, or of either sex; but which is most common in women soon after parturition."

"This, which may be considered a form of phlebitis, is also its most innocent form." "Too frequently suppuration results, the vein remains pervious, and pus of a bad quality, or some other product of inflammation is carried by the blood to distant parts, causing inflammation and purulent collections, and especially in the liver, the lungs and the larger joints. Great

constitutional disturbance ensues, and fever of a type like that of typhus is often established." "Phlebitis of the uterine veins constitutes the source of the most dangerous varieties of puerperal fever."

Rokitansky, another eminent recent authority, takes the same view with Bennett. He uses the name, *Phlegmasia alba dolens*, instead of *Phlegmasia dolens*. He says, "It is only of late that the subject has been examined in the dead body with an unprejudiced and discriminating judgment, and that an anatomical basis has been obtained, which, though it may not be applicable to all conditions that are included under the head of *Phlegmasia alba dolens*, and though it may have not always been properly interpreted, still appears to afford sufficient security. Two lesions seem to be essentially connected with this affection. It either depends upon an inflammation of the veins of the inferior extremity, and especially of the crural vein, or upon an inflammation of the cellular tissue, which gives rise to the most various products.

Virchow, therefore, in view of the contrary belief of his predecessors, who wrote on this subject, and of the convictions of eminent men of his own time, equally eminent with himself, can not be considered as having established his position, that *Phlegmasia dolens* does not depend upon phlebitis.

M. Bouillaud was the first to publish a report of *post mortem* examinations of cases of *Phlegmasia dolens*. This was in 1823. The crural and other veins were found plugged up; and in some instances, their coats were thickened and their interior layers converted into a lardaceous substance.

Dr. David E. Davis was, however, the first to make a dissection of a case that had died with this disease, and to show that it had been caused by inflammation of the crural and iliac veins. His first examination was made in 1817. He afterwards examined two other cases, and in 1823, a few months after the publication made by M. Bouillaud, he made a report of his cases, stating the fact that in all three of them there was unmistakable evidence of there having been inflammation of the femoral veins.

Dr. Robt. Lee was the first to trace *crural phlebitis* to the

uterine veins, which he did in 1829. His cases all show pre-existent *phlebitis*. Of one of them, he says, that he found the left common iliac, left external and left internal iliac, all impervious and to have undergone various alterations of structure. The common iliac, at its termination, was reduced to a tube not more than a line in diameter, which was lined with a bluish slate-colored adventitious membrane. The other portions of this vessel, together with the internal and external iliac veins were also coated with a dark colored membrane, and their centre filled with a brownish colored tenacious substance of rather more consistence than the crassamentum of the blood. The internal iliac was, in some places, reduced to a cord-like substance and its cavity obliterated. The branches of the internal iliac (the uterine plexus) taking their origin in the uterus, were plugged up with firm red coagula.

From the commencement of these branches to the termination of the various trunks ending in the common iliac, to the termination of the common iliac itself, the walls of the vessels were thickened, contracted, and filled up with coagula and adventitious membrane of a dark color. Now, in view of these examinations and others which are recorded, all showing the same changes in the walls of the vessels, can we hesitate to conclude that phlebitis is the immediate cause of this disease?

Virchow, who opposed this view, regards a clot in the vein as the occasion of all of the trouble. Now, I submit to you, Mr. President, the questions: Can a clot produce thickening of the wall of a vessel? Can a clot effect a contraction of so large a vessel as the common iliac to a diameter of only one line? And is a clot, by any possibility, capable of inducing the presence of an adventitious lining membrane in the walls of a vein? You will say, no! and everybody has said no, in view of the showings of these cases. There is no alternative to this; and the opposers of Bouillaud, Davis and Lee had no course left but to acknowledge the conclusiveness of the logic or to deny that these were cases of *Phlegmasia dolens*. They tried the latter course, but it was futile. The records of the cases show perfectly well that *Phlegmasia dolens* was

present; and many who at first did not admit the fact, afterwards acknowledged their error.

Virchow assumes that a contaminating substance, a miasmatic one, for instance, affecting the general system, causes irritation of the glands; and that the effect of this is an increase of the white corpuscles of the blood. The general condition of the pregnant woman disposes to a like result. The condition of the uterus induces irritation of the inguinal glands, and this irritation contributes largely to the development of white blood corpuscles. These colorless corpuscles are composed of albumen, and they need only the presence of a certain amount of oxygen to be converted into fibrin; and where they abound largely, that is, when the blood in a vessel is composed, in great proportion, of white corpuscles, coagulation may result from the presence of oxygen. The oxygen, he thinks, may be supplied by the red corpuscles, they being the carriers of oxygen in the blood. When a condition is present of a great development of white corpuscles, the red corpuscles part with their oxygen, and either perish or are changed into white corpuscles; and a clot (thrombus) is the result.

When a thrombus is formed, the middle of it is composed of white material, consisting of white corpuscles and of fibrin, some of the white corpuscles having escaped any change.

But, here let me remind you, the *post mortem* examinations, which I have instanced do not support this theory. Where a clot was found, it was red throughout. His laying stress on the assumption, that a colorless centre is always present in clot in a vein is done, in order to dispense with the idea of the presence of pus and consequent pyæmic difficulty.

When a thrombosis has formed, he holds that the disintegrating changes in its structure begin in the parts of the clot first occurring. These, in part, liquify, while other portions break up into a fine granular substance. This changed central substance of the clot, then, makes its way to one side of the vein, and has the effect of causing inflammation and supuration of the wall of the vein at the part at which it presents. How much alike that of pus is this action of the

albumen and fibrin of the clot—so much alike that I have no doubt you will conclude with me that real pus is the agent in these changes, and that inflammation is their origin.

While the softening of the older parts of the thrombus is in progress, he thinks that the more recent portions are often not affected. But in some instances, a large amount of the extremity of the clot is detached, and is carried into the pulmonary artery; and if very large, it completely occludes that vessel, inducing instantaneous asphyxia. If the amount of the separated material is smaller, and particularly if it is broken up into granular particles, it passes into the branches of the artery, causing inflammation of the pulmonary tissue.

He would consider the pneumonia of the case which I have reported as caused in this way—as being an *embolia*, notwithstanding that the pneumonia preceded the manifestation of the *Phlegmasia dolens*. His theory would be, that before the swelling of the limb, there were coagula in the uterine veins, and that the breaking up of portions of these produced the difficulty in the lung.

Virchow seems to be sensible of the objections to which his main theory is liable, that a clot in the veins, and resulting changes, are the explanation of *Phlegmasia dolens*. He admits that phlebitis, arteritis and endocarditis may cause thrombosis by alterations of the walls of the blood cavities.

In the *post obit* examinations to which he has referred, important changes were observed in the walls of the veins. He would submit to you, Mr. President, whether it is not fair to conclude a theory as *wrong* which does not accord with the teaching of *post mortem* examinations thus far made, which presents theoretical difficulties of a serious nature, and which requires to be accompanied, at its presentation, with so important an admission as he had named?

Dr. Richardson said he thought the position of *Dr. Davis* was correct. There was one matter at its beginning which would seem to militate against the theory of *Virchow*, viz.: Whilst there is pain in the calf of the leg, which was one of the first symptoms of disease in his own experience, there is disability before any tumefaction. Again, there is marked

tenderness in the crural region. Now if it is a fact that the primary lesion is a coagulation without inflammation, why this tenderness? Further, he fully believed there was a dyscrasia behind this trouble, and that it was not merely a local lesion. Formerly *Phlegmasia dolens* was supposed to be owing to pressure on the iliac veins, especially during the latter months of pregnancy, but now it is well known that first, hard and prolonged labors are not more often followed by this disease than subsequent and easy labors. Another theory was that when the pressure was taken off after confinement, the vessels take on inflammatory action from the relief of pressure upon them. The pathological lesion, as discovered by Dr. Davis, of London, was the ordinary lesion discovered, but there are found other lesions as cellulitis, inflammation of lymphatic glands, etc. It is a noted fact that the arteries never participate in this disease. Virchow admits phlebitis, but he asserts that the inner coat of the vein does not produce the product on its inner surface, but what product is produced is on the peripheric surface. The other view of Robert Lee, in which he is followed by Velpeau, that the disease commences in the uterine plexure is disproved from the fact that sometimes they are not involved.

Again, in the case reported to-night of Dr. Davis, of London, where the uterine vessels are not yet changed, show that it is a secondary and not a primary condition. He (Dr. R.) had found in all such cases that his patients were of bad constitution. In last year he had two cases, one double in female, and other single in male. In the last case the patient, a convalescent from typhoid fever, attempted to walk to his father's house, a short distance from his home. On reaching the steps, he was seized with violent pain in the calf of his leg, and had to be carried in the house. In three or four hours, Dr. R. saw the patient who was suffering with great pain in calf of the leg and fixed pain in the crural region. In the woman, the first attack, a mild one, occurred two weeks after confinement, in the left leg. Soon as the left leg began to recover, the other limb went through a much more severe attack. Copeland says all his cases were in women of bad condition

and feeble constitution. For his part he, (Dr. R.) was satisfied it was no way to account for the disease on ground of local lesion, but that it was a regular dyscrasia. As to treatment, almost uniformly in his practice he had applied a small blister, two by six, in the crural region and repeated it three or four times. As to general treatment, it consisted of sedatives and tonics, as quinine, camphor and opium, and if necessary for a bad condition of the digestive apparatus, a little blue pill.

Case of Procidencia Uteri, by G. R. PATTON, M.D.—He was summoned to Mrs. M., in confinement April 2, 1864. She had been under treatment during several weeks previous for wakefulness, debility and extensive œdema of the lower extremities. She was of large frame, lymphatic temperament, of scrofulous diathesis, and her pelvis unusually capacious. This was her fourth confinement. In her last preceding one, she was attended by a physician in Montreal, Canada, who delivered her with the forceps; shortly after which, she informed him, partial procidentia with tympanitis supervened. Her recovery, though not rapid, was complete. After three hours delay, the os becoming fully dilated, the membranes were ruptured. Two hours later, the vertex fully distended the perineum, but no further progress resulted; owing, probably, to the very lax and distensible perineum, and the inefficient pains failing to impress upon the head the necessary mechanism of extension. He applied the forceps, made extension, and delivered by one slight extractive effort. Ergot was given without effect. No contraction having taken place after the lapse of half an hour, the placenta (which was situated on the right side,) was gently detached by the hand, and withdrawn without any tractile effort on the cord; at the same time, practicing the usual means to excite contraction. Nevertheless, excessive hæmorrhage followed; little, if any contraction seeming to have taken place in the uterine walls, were ordered ten grains of Dover's powder when he left her.

P. M.—Three hours having elapsed since his previous visit, he found her comfortable, had slept half an hour; no further hæmorrhage; pulse soft and full; no pain or tenderness; sweating profusely; slight tympanitis.

April 3d.—Was called at 8 A. M. in haste. Tympanitis had increased so as almost to prevent the descent of the diaphragm in respiration, and causing dyspnœa so distressing, that she remarked she would surely burst if not immediately relieved. An examination revealed the os uteri protruded externally between the labia and the convex surface of the inverted fundus, resting upon and slightly engaged in the prolapsed os, together forming a tumor of the size of a fetal head. The perineum was greatly distended, and the rectum prolapsed. The fundus was pressed upward with difficulty, the resistance he presumed, of the tympanitic abdomen, tending constantly to depress it, making complete reduction and retention in its normal situation seemingly impossible. It did not again dip down upon the os, though doubtless remained somewhat depressed. The os lowered remained externally as before, notwithstanding the efforts at reduction. Cold wet cloths, with gentle pressure, were constantly applied over the tumor, and an emulsion of castor oil with turpentine, given to relieve the tympanitis, as she seemed about to suffocate by the dyspnœa from this cause.

April 4th.—The procidentia and tympanitis both a little lessened; bowels open; tongue moist, with light fur; pulse soft, feeble and 96. At the suggestion of Dr. Wilson, who visited the case with me, a large catheter was introduced high into the rectum, affording very decided additional relief by the escape of intestinal flatus. The emulsion was discontinued, and in its stead one-half of a drachm each of tinct. cinch. comp. and spir. Lavender were administered every third hour; also essence of beef, or broth, *ad libitum*.

April 5th.—The size of the abdomen and procidentia diminishing *para passu*; bowels still free; introduced a suppository of four grains of opium into the rectum.

April 6th.—Dr. J. B. Smith was called in consultation; tympanitis and tumor diminished one-half; evacuations continue frequent. At the instance of Dr. Smith, warm fomentations were substituted for the cold; one-tenth of a grain of morphia given with each dose of the bark and lavender, and the pelvis elevated.

April 9th.—No abdominal or perineal distension; appetite good; pulse natural; suffers no inconvenience except slight dysuria; no lochia.

On the evening of the 14th she had a chill, followed by fever; complained of uneasiness in the right hip, but no pain or swelling. Prescribed a saline purgative, and two grains of liq. ammon. acet. every three hours. On the following morning, she still had slight fever, pain in the groin, shooting down the right thigh. The limb did not swell, nor could he detect any tenderness or induration in the femoral vein. The symptoms did not progress beyond this point, so that, although not properly to be considered a case of crural phlebitis, or phlegmasia dolens, there evidently was some approximation to that condition. It will be noted, too, that her condition before and after delivery predisposed to the occurrence of this malady. Also, that bark and broth were administered from the second day through her convalescence. Dr. P. said it was his belief that by thus removing, as rapidly as possible, tone or vital force in her system, this disease was probably checked or prevented, as a depressed condition of the vital powers is very intimately associated with this affection.

Cause of Phlegmasia Dolens.—The initial, a predisposing element, in some instances would seem to be in certain varying deleterious conditions of the blood, in existence prior to labor, and probably independent of uterine origin. In other cases, in a vitiated state of the circulating fluid, engendered secondarily by morbid inflammatory irritation of the uterus, during the puerperal state. In all cases, however, originating in the venous blood a tendency to coagulation. As evidence of an ante-partum condition of blood promoting this disease, it may be noted that *Phlegmasia dolens* is generally met with in females of delicate or debilitated constitutions; of lymphatic temperament; those either anæmic or chlorotic; or who have some constitutional cachexia lowering vital power; thus leading to the conclusion, that unhealthy blood, or any cause which deteriorates it during pregnancy, favors its production. Next will be considered the post-partum, or secondary condition of the circulating fluid, as a determining ingredient, even pre-

suming the blood to be normal prior to labor. In all cases of confinement, where the necessary *post-partum* contraction does not take place, either on account of hæmorrhage, exhaustive labor, manual or instrumental delivery, there occurs a disposition to stasis, or stagnation of blood in the uterine sinuses, favoring coagulation. Here, again, either through long continued pressure, structural injury, by turning or by instruments, or even independently of these risks, an unhealthy action may follow in the uterus, especially that portion corresponding to the placental attachment. The absence of firm contraction now, leaving the orifices of the veins, corresponding to the placental surface unusually open, their coagula large, deficient in consistence, and imperfectly closing these vessels; it becomes a question whether these deleterious matters may not pass directly through the uterine veins into the general circulation. Andral and Gavarret first pointed out the important fact, that the amount of fibrin of the blood is increased during the latter months of pregnancy, while the blood corpuscles undergo diminution, and the proportion of albumen is a little lessened. It would, therefore, seem a reasonable inference, especially when other circumstances favored it, as stasis, etc., that there would be a greater tendency in blood of this kind to part with this excess of fibrin, or, in other words, to coagulation, than characterizes ordinary blood.

Whatever, then, the initial morbid principle may be, whether produced in the uterus *de novo*, or an anterior condition, co-existing with pregnancy, it may produce through the circulation a morbid irritation of the epithelial lining of the veins, and originate a tendency to adhesion between the vessel wall and the particles of fibrin, and lead alternately, by successive depositions of coagulated fibrin to their complete occlusion, and be accompanied with the usual symptoms of obstructive phlebitis. It is not disputed, leaving out of question the primary morbid process, that the coagulation may commence, in some instances, directly in the uterine sinuses, and thence extend in the forward course of the venous circulation, to the common iliac, and retrograde obstructive coagulation ensue from that point, in the direction of the internal

and external, to the femoral vein. Hence, as *Phlegmasia dolens* may occur in either sex, in the pregnant female before delivery, in the leg, while the thigh and artery manifest no symptoms of it, in the upper as well as the lower extremity, or in the progress of any disease of depraved blood, it follows, that some general condition of cachæmia, either primary or secondary, leading to coagulation in the veins, becomes rather the means of its production than true, original inflammation of these vessels. When obstructive coagulation has taken place, the œdema, pain and phlebitis follow, as the result of the pressure of effusion, developing inflammation. This secondary diffuse inflammation, extending to the glands and lymphatics, still further inflames, enlarges and hardens the limb by preventing the passage of lymph, so that even the nerves and inferior surface of the skin may become implicated. It might be expected, where inflammation in a limb was so general and diffuse that it would extend to the veins also, beginning with the outer surface, instead of the lining of the vessel, and this we find to be the result of pathological investigation. Ramsbotham says, "that the inflammatory affection of the veins is principally seated in the outer cellular and middle tunics," and this as the result of his own, and the dissections of others. Again, Mr. Anderson, of Manchester, a high authority, says, in which opinion Mr. R. joins, that "the inflammation exists in the proper and outer tunics of the vein, the inner only being affected to the formation of pus in those cases where typhoid symptoms show themselves." Neither of these authorities, moreover, regard the phlebitis as secondary, but state "that the disease is essentially phlebitis." In those rare cases where the lining of the vein becomes inflamed, we would have as a product of that inflammation, pus, which, by admixture with the blood, constituting pyæmia, would develop typhoid symptoms, and explain also the abscessed glands, collections of pus, sloughing, etc., to be found by *post-mortem* examination of fatal cases. It would appear probable, too, that no case would prove fatal, unless the inflammation extended to the serous lining of the vessel; but where this does take place the fatality would be just as great as in acute phlebitis, which is

nearly universally fatal, while *Phlegmasia dolens* is not regarded as a disease of great fatality, some prominent authorities stating, "that they have never known the disorder to prove fatal."

The fever present in this malady is also secondary; the result of pressure, developing inflammation in the affected limb, though in cases of uterine irritation or influence, it may in the first instance, result from the passage of morbid material into the blood. The rational mode of treatment, presuming the preceding statement to be correct, would be, in the main, a sustaining and restorative one, rather than the adoption of any measures that would tend to depress the powers of life.

[Remainder of this discussion next month.]

Proceedings of the Indiana State Medical Society.

Reported by W. F. HARVEY, M.D., Secretary

The Society met in Franklin Hall, in Richmond, Wayne Co., at 2 o'clock P. M. on the 16th of May, 1865, Vice President, Dr. Lockhart in the chair.

Drs. T. B. Harvey, B. S. Woodworth and R. E. Haughton, were appointed a Committee on Admission.

The Executive Committee reported that they had secured the promise of several papers from members in various parts of the State, and they presented a programme of business which was adopted, and tendered "the warmest and heartiest welcome to members of the Society, singularly and collectively, and expressed the earnest hope that this meeting will be both pleasant and profitable to all in attendance."

The Treasurer reported the state of the finances in a healthy condition.

Drs. N. H. Harding, V. Kersey and J. H. Woodburn were appointed a Committee on Finance, who reported an assessment of two dollars on each member.

Drs. R. E. Haughton and V. Kersey each read a paper on Cerebro-Spinal Meningitis, which elicited much discussion.

Drs. Lomax, Brown and Hibberd were appointed a Com-

mittee on nominations of candidates for the various offices, for the ensuing year.

The Society then adjourned to 7½ o'clock P. M.

EVENING SESSION.

7½ o'clock P. M.

Dr. Hibberd offered a resolution, which was adopted, directing the Secretary to issue a circular to the absent members, notifying them that unless they pay two dollars into the Treasury as provided in the By-laws, under the new Constitution, they lose their membership in the Society.

Dr. D. Hutchinson, a member of this Society, who had removed to Iowa, was made an honorary member.

The Vice President, W. Lockhart, M.D., delivered the address of the presiding officer. It was a very interesting and eloquent address.

After some unimportant miscellaneous business, the Society adjourned to meet at 8 o'clock on the 17th inst. After adjournment, the members repaired to the Huntington House to partake of a most sumptuous repast, prepared at the instigation of the Wayne County Medical Society, for the gratification and strength of the "inner man."

The Wayne County Society has the warmest thanks of every member of the State Society who was present.

SECOND DAY.

MAY 17th, 1865, 8 o'clock A. M.

The Society met, the Vice President in the chair.

The Committee on Nominations presented the following report of names for the various offices, which was received, and the gentlemen acted accordingly, to wit:

President—M. H. HARDING, M.D., Lawrenceburgh, Ind.

Vice-President—T. B. HARVEY, M.D., Indianapolis, Ind.

Secretary—WM. F. HARVEY, M.D., Plainfield, Ind.

Assist. Secretary—DOUGAN CLARK, M.D., Indianapolis, Ind.

Cor. Secretary—WM. B. FLETCHER, M.D., Indianapolis, Ind.

Treasurer—J. H. WOODBURN, M.D., Indianapolis, Ind.

Delegates to State Medical Society of Ohio.—WM. P. WARING, M.D., and R. E. HAUGHTON, M.D.

Delegates to American Medical Association.—W. P. PARR, M.D., B. S. WOODWORTH, M.D., J. H. BROWER, M.D., W. B. FLETCHER, M.D., M. H. HARDING, M.D., J. H. TOWNSEND, M.D., J. F. HIBBERD, M.D., and W. LOCKHART, M.D.

Indianapolis was selected as the location for holding the meetings of the Society next year.

Dr. J. H. Brower read a paper, entitled "Atresia Vagina, from imperfect Hymen."

Dr. Hibberd read a paper, entitled "The Liver."

Dr. Woodworth read a paper on "Dysentery."

Dr. Waring read a paper, subject, "Spurious Vaccination."

Prof. T. Parvin read a paper on "Pelvic Cellulitis."

All the papers read before the Society were referred to the Committee on Publication, after the subject of each had been discussed by the members generally.

Drs. Clippinger, Woodworth and Arnold were appointed a Committee on resolutions of condolence and sympathy in reference to the death of Dr. Valentine Mott, of New York.

The following committees were also appointed, to wit:

Executive Committee.—Drs. J. H. Woodburn, T. B. Harvey and J. M. Gaston.

Committee on Publication.—Drs. Wm. F. Harvey, Dougan Clark, J. H. Woodburn, (ex-officio,) and William P. Parr, Chairman.

Committee on Ethics.—Drs. Fisher, Bracken and Athon.

Committee on Prize Essays.—Drs. J. F. Hibberd, Ayres, and W. B. Fletcher.

Committee on Surgery of the War.—Drs. Fry, of Crawfordsville, D. Meeker, of Laporte, Wm. Lomax, of Marion, and Clippinger, of Indianapolis.

Committee on Chronic Uterine Affections.—Dr. J. H. Brower.

Committee on Cholagogues, "What are they? What are the indications for their use?"—Dr. V. Kersey.

Essayist (to select his own subject.)—Dr. Lemuel R. Johnson, of Cambridge.

Dr. Clippinger, from the Committee on Obituaries, offered the following resolutions, which were unanimously adopted:

Report and resolutions on the death of the late Professor Valentine Mott.

Whereas, The painful intelligence of the death of the venerable Prof. Valentine Mott, late of the University of New York, has reached us, he having closed his labors of love and charity in this life on the 26th day of April last; and,

Whereas, During his life he achieved such distinction and fame as will render his name for all time illustrious to our profession, as it will be co-extensive with civilized society, and as a benefactor and friend of his race. Therefore,

Resolved, That in this sad dispensation of Providence, Medical Science has lost one of its brightest lights, and successful laborers, whether regarded as teacher, or practitioner, having taught in the schools of the country over half a century, and having, in the language of Sir Astley Cooper, "performed more of the great operations than any other man, living or dead."

2d. *Resolved*, That in the relations of husband, parent, friend, teacher, physician, Christian and citizen, the late Dr. Valentine Mott will be ever regarded a model character, inviting and commanding imitation.

3d. *Resolved*, That in the labors of his life he has left to his profession and mankind a rich and imperishable legacy, which we here to-day promise as members of the same profession, to jealously guard, esteeming the same national; and pledging ourselves, so far as we may have the ability, to emulate his distinguished example of devotion to the profession of his and our choice.

Dr. Clippinger also read a synopsis of the papers published by Dr. Mott. After which, he and Dr. Ayres delivered a very appropriate eulogy on the life and character of the great Professor.

Dr. Hibberd presented the following resolutions in reference to the political state of the country, which were adopted unanimously by a rising vote, and ordered to be incorporated with the Transactions of the meeting. To wit:

Resolved, That while physicians diligently cultivate the field of science, they are not unmindful of the stirring events passing along the great highway of human progress.

Resolved, That the members of the State Medical Society of Indiana hail with delight the glad tidings of great joy, that the wicked and unnatural rebellion, which, as if the country were covered with a pall, has darkened our lives and saddened

our hearts for four years, is now most happily about extinguished, its navy sunk, its armies captured, its country subjugated, and its venomous chief arrested and secured, while a fugitive flying in ignominious disguise, a craven, a dotard and a coward. May the active participants in this shameless rebellion, and their aiders and abettors, whether openly before the world, or covertly in their hearts, and wherever they may reside, who may not be offered as a sacrifice to propitiate the offended law, be made by a gracious Providence to see the error of their ways, to abandon this damning evil of their thoughts, and to become patterns of good citizens, and paragons of loyalty.

Resolved, That we bow our hearts in sorrow, and mingle our tears of grief with those of the family, of the nation, and of the world, at the death of our great and good President, Lincoln—all feeling trebly intensified, that he yielded his life to the hand of an assassin; and while we execrate the crime, and the memory of the criminal, we acknowledge the overruling providence of God, and submit humbly and trustingly to his decree.

Dr. Clark reported a case of traumatic aneurism of the left carotid artery, in which case a spontaneous cure was effected.

Prof. T. Parvin having settled in Ohio, was made an honorary member of the Society.

A resolution of thanks to the Wayne County Medical Society for the hospitable reception of the members of the State Society, was passed.

There were in attendance thirty-six old members, who reported their names to the Secretary, and an addition made to the number of members of twenty-four new names.

There were also several honorary members, and an addition made to their number of five new names. Those who were received this year as honorary members, were

Edwin Hadley, M.D., Harveysburgh, Ohio; A. H. Stephens, M.D., Eaton, Ohio; Robert Woody, M.D., Eaton, Ohio; M. H. Haynes, M.D., Seven Mile, Ohio; J. R. Mendenhall, M.D., Richmond, Ind.

The Society then adjourned to 2 o'clock P. M., on the third Tuesday of May, 1866, to meet at Indianapolis.

WM. F. HARVEY, Secretary

Correspondence.

ST. PAUL, IND., June 9th, 1865.

EDITORS LANCET AND OBSERVER: — Since February Variola has been prevalent with us, and has not yet subsided or entirely disappeared. This may seem quite strange, as it is supposed we have at hand a sure prophylactic in the vaccination, but owing to indifference of some, and obstinacy or disbelief of others, this preventative has not been adopted. I have not known a case of varioloid to occur where a person had been previously "well" vaccinated. All but one have recovered, and none of those that got well are marked. I used the Mercurial ointment and the nitrate of silver in solution, causing the pustules to abort. We have had some "Spotted Fever," alias "Cold Plague," alias Cerebro-Spinal Meningitis, marked by opisthotonos, Petechia, loss of vision and hearing. All but two have died. These were treated with opium to produce quietude, and whisky punch, without regard to fever, as much as the stomach would bear without nauseating. One of these patients has recovered his vision and hearing, and is running around the house. The other, a little girl, has not yet left her couch, but is improving slowly.

Yours truly,

A. L. U.

Death from a Bee Sting.

MANSFIELD, OHIO, April 28th, 1865.

DR. E. B. STEVENS — *Dear Sir:* A very remarkable and fatal case of poisoning from the sting of the common, honey bee, occurred near our city, on the 18th inst. The case is so unusual, I thought it best to make a note of the accident, and send the statement to you, for publication in the *Lancet*.

On the afternoon of the day above mentioned, I was summoned to the residence of Mr. John Krith, some two and a half miles north of our town, to see his little son, four years old, who, I was informed, was suffering from spasms caused by the sting of a bee.

On arriving at the house, I was astonished to learn that the child had been dead thirty minutes, and was informed by the family that from the time the child was stung until his death, not over thirty minutes had elapsed. He had violent spasms from the first until he died.

The sting was immediately over the sagittal suture, one inch posterior to the articulation of the frontal with the parietal bone. There was but little redness, or swelling attending it.

The mother had applied alkalies freely, but all to no avail.

Now the query naturally arises, in what way did the poison of that sting cause the death of the child so suddenly? Why should this terminate fatally so soon, when there are very many persons over the country every year, who are stung on various parts of the head, without experiencing any serious results?

With much respect I subscribe myself

Yours very truly, P. A. CARPENTER.

Reviews and Notices.

The Essentials of Materia Medica and Therapeutics: By ALFRED BARING GARROD, M.D., F.R.S., Professor of Materia Medica and Therapeutics at King's College, London, etc., etc., etc. New York: Wm. Wood & Co., 61 Walker St. 1865.

According to a notice found in this book, it is one volume of an incomplete set—the complete work being a full treatise on “Medicines, their Nature and Value in the Treatment of Disease.” The “essentials” form Volume One of this proposed work therefore, to be followed in due time by a companion volume on the Value of Medicines in the Treatment of Disease.

The plan of Dr. Garrod's book is somewhat peculiar, and possesses many excellencies. The first third of the volume treats of Inorganic Substances, preceded by a succinct notice of pharmaceutical preparations, as acids, waters, cataplasms, confections, ointments, etc. We fail to note any rule of arrangement of the “Inorganic Substances” treated of, though

we could scarcely suggest any order, unless it were an alphabetical one, which would be preferable to the one adopted by our author. The manner of treating of these articles is brief and very happily condensed. For example, take the substance Bromine. Eight or ten lines describe the mode of preparation; six lines give the specific gravity, properties and composition; four lines gives the therapeutics, in which our author contents himself with a reference to its salts, but the great prominence given this article in recent surgery should have suggested such an allusion. An equally brief paragraph notices the fact of Bromine being sometimes adulterated with Iodine, and gives the test for its purity.

After this condensed plan the book is made up: Organic Substances, divided, of course, into Vegetable and Animal kingdoms, follow in regular order, the order adopted being the Botanical and Natural History classifications.

Our author has confined himself to a strictly scientific account of the articles of the *Materia Medica*. The student is not embarrassed with any extraneous matter, and all controversial discussions are omitted as foreign to the plan of the work.

Following the same condensed plan of enunciation there is also given a chapter on Test-Solutions for Quantitative and Qualitative Analysis of substances contained in the *Pharmacopœa*.

Also an Alphabetical Table of the *Materia Medica* and doses for adults. A table giving the proportionate amount of some of the most important remedies in officinal preparations, as $\frac{1}{4}$ gr. tart. ant. in 1 fl. oz. of vinum antimoniale, and $\frac{1}{8}$ gr. of the same article in 1 fl. oz. of syr. scill. comp. A very full table of the proportion of opium in all its compounds.

Dr. Garrod's *Essentials of Materia Medica* is of course adapted to the British *Pharmacopœa*, which difference has been carefully remedied in this American edition by conforming its formula to the United States standard.

The work is well published by that old and reliable house Wm. Wood & Co., of New York, and all reading physicians will do well to purchase it.

Physician's Prescription Book : By JONATHAN PEREIRA, M.D., F.R.S.
Fourteenth edition. Philadelphia : Lindsay & Blakiston. 1865.

When a little manual of this character has reached a fourteenth edition there would scarcely seem to require more than such announcement. And as Pereira's Prescription Book is very familiar to the profession, we only remark that it contains the usual tables of such a little volume, carefully collated and corrected up to the present date, and in accordance with the newly revised British Pharmacopœa, though not adapted to the American system of nomenclature. Of its kind it is a perfect *vade mecum*.

Editor's Table.

American Medical Association.—The meeting at Boston is agreed by all to have been one of the most successful in all its elements that has been held for many years. Six hundred and sixteen delegates registered their names as in attendance. Our Boston correspondent has kindly forwarded us the daily papers, giving full reports of the daily sessions, but we are compelled to crowd them out of the present number. Next month we shall give the Proceedings in full, or at least a full abstract. Dr. D. H. Storer, of Boston, was elected President for the ensuing year, and Drs. Hibberd, of Indiana, Almy, of Ohio, Dunn, of Rhode Island, and Johnson, of the District of Columbia, Vice Presidents ; Dr. Morgan, of Baltimore, was elected local Secretary. The Association adjourned to meet in Baltimore in June, 1866.

One of the earliest matters of business of the Association was the expulsion of Dr. M. A. Pallen, of St. Louis, formerly charged with complicity with the infamous attempts to poison Northern cities, as developed in the recent Washington conspiracy trial. A protest, signed by a number of well known and honorable gentlemen, amongst them Dr. Hibberd, of Indiana, was read against this action of the Association which cut off the defence of the accused, and before the adjournment of the Association a dispatch was received from Dr. Pallen, execrating the crime of which he is accused, and offering to produce satisfactory evidence of his innocence.

The annual address of President Davis is a very excellent effort,

and he is represented as having made a very superb presiding officer. The papers read were spoken of as being quite equal to previous meetings, and many of them more than creditable to the Society.

Boston and the old Commonwealth outdid themselves in the social features of the occasion. Nothing in the way of entertainment and sight-seeing was omitted, which could add to the gratification of the guests of the city for the time. We may speak lightly as we choose about this feature, but the social element of these meetings are of great significance and importance in cementing the personal and professional friendships of the nation. We trust the meeting in Baltimore in 1866 will have a warm and generous representation from every State in this Republic. The sentiment of the meeting seems to have been cordial that never was there a better state of vitality manifested in the meetings of the Association, and we may venture the hope that we have happily passed the climacteric period from which we shall go forward with new life and usefulness.

Wanted.—We want the following numbers of the *Western Lancet* to make our set entire, March, 1848, July and August, 1849. We will pay a fair price for these numbers to any of our friends who do not wish to preserve volumes.

Also Dr. McIlvaine wants Nos. five and eight of Volume four Nos. one, two and three of Volume six, and No. three of volume five.

A New Work on Physiology.—Prof. Austin Flint, Jr., of New York, has in course of preparation, as we learn from an advertisement in an exchange, “an extended and practical Treatise on Human Physiology.” It embraces a full and comprehensive plan, requiring three or four volumes. The first volume is announced for January 1866, and one volume annually thereafter until completed.

Death of Prof. Thomas D. Mitchell.—Died in the city of Philadelphia on the 18th of May, Dr. Thomas D. Mitchell, in the 74th year of his age. For several years past, Dr. Mitchell has been Professor of Materia Medica in the Jefferson Medical College, and for the greater part of his life has been prominently before the profession of this country. Many years ago, he was Professor of Chemistry in the Medical College of Ohio, in which position he gave full satisfaction. He is author of a work on Chemistry, and a treatise on

Materia Medica, and has written a great deal in fugitive contributions to the medical journals.

Dr. B. F. Richardson, of Cincinnati, has been selected to fill the vacancy created in the Miami Medical College by the death of Prof. Smith. Dr. Richardson has devoted much of his professional studies to the *Diseases of Women*, and was at one time Professor of that Department in the Medical College of Ohio. He will doubtless fill the chair with eminent success.

Hospital Closed.—In this city the Washington Park U. S. General Hospital, lately under the charge of Dr. J. B. Smith; the West End Hospital, Prof. Bartholow, in charge; and Grant (officers) Hospital on Fairmount, near this city, under charge of Surgeon W. H. Gobrecht, U.S.V., are closed.

Dr. W. H. Gobrecht, having closed up The Grant U. S. General Hospital, has been placed in charge of the Post Hospital at Camp Dennison.

One of the Signs of the Times.—During the past two years we have had a large circulation amongst the surgeons of the army, following up their address from hospital to hospital and camp to camp as best they could, and we are happy to say for the most part, as we learn, with wonderful certainty. Amongst the signs of the times, however, we note almost daily requests, from these gentlemen on duty with their regiments, to change the address now to their regular address *at home*. There are many happy suggestive thoughts that come crowding up in these words, many sad and tender memories, and we can not refrain from expressing the hope that our friends who have been toiling in the service, have been separated from home and friends, and for a time abandoned all their quiet professional pursuits, will find home without loss either in their own family circle or professional friends. Many gentlemen, however, will not thus happily return. Some have sacrificed their lives in their country's service; some come home broken down in health, and to find sad bereavements in their family hearthstones. Let us cultivate a tender regard for those who have so faithfully done their duty.

Indecent Advertising in Secular Papers.—The ground generally taken by newspapers is that advertising is strictly a business matter, and the character of the wares announced does not pertain to their

supervision, or for which they have the slightest responsibility. Even our religious journals take substantially the same ground and go as far as anything like decency will permit for sake of the almighty dollar involved. The result is that all over the country our daily newspapers, our good family papers, our literary periodicals, all abound in the most objectionable, vicious, and even indecent advertisements; so that our wives and daughters are liable every breakfast table hour to be brought to the blush when the morning paper is opened.

In London the *Lancet* has been for years systematically battling against this social evil, medical men have largely co-operated; and the consequence begins to exhibit itself in a ripe fruit that is rich reward for patient labor. A recent *London Lancet* gives a list of more than one hundred secular daily and weekly papers scattered over the kingdom that have publicly announced that hereafter that class of advertising matter will be excluded.

In this country it is somewhat of an uphill task so long as the very ablest religious papers are so marked in their support of this offense; but we begin to see light, and if good men in and out of our profession will show that we are in earnest there will begin to manifest itself a public opinion which may not be trifled with.

We are gratified to record one prominent secular journal at the head of an honorable list which we trust to be able to announce at no distant day with numbers equal to that published in the *London Lancet*. A new daily recently established in Chicago under the editorial charge of Charles Dana, Esq., and styled the *Chicago Republican*, takes strong ground, and refuses admission to all this class of indecent and vicious matter. All honor and success to the *Chicago Republican*. We trust Doctors every where throughout the Northwest will bear to it a hearty practical good will.

Home for Ohio Soldiers.—It seems the State of Ohio is to be provided with a Home for its disabled soldiers after all. Some time ago, Gov. Brough made application to the War Department for the transfer of the Tripler U. S. General Hospital, with its furniture, etc., to the State of Ohio, for the purpose of converting it into a Soldiers' Home. He has now been advised by Surgeon-General Barnes, that Medical Director Tripler has been instructed to make the transfer as soon as it can be done without detriment to the public service. Tripler Hospital is pleasantly located on the State

grounds, about three miles from the city of Columbus, and will make an excellent asylum for discharged, friendless and disabled soldiers.

Surgeon John Moore, U.S.A.—Compliment from Gen. Sherman.—Gen. Sherman recently remarked in a conversation: "On my long march from Atlanta to Savannah, not a single wounded or sick man was left behind. They were all brought through, and the few that died were carefully buried, each with a head board properly marked, and the place recorded; and this I owe to the superior management of my Medical Director, Surgeon MOORE, a man of the highest excellence and capacity." The tribute is well bestowed. John Moore is one of "Nature's noblemen."

The Ohio State Medical Society met at White Sulphur Springs on Tuesday, June 20th, adjourning on Thursday. In our next number we shall give the Proceedings in full. At the present time, therefore, we merely give the briefest notice of the meeting. So far as numbers is concerned, we are pleased to record an unusual success, about one hundred physicians were in attendance, perhaps double the number present last year. A large number of the prominent working men of the profession in Ohio were present, though quite a number of familiar, esteemed faces were wanting; and it was also remarked that some of our large places were sadly deficient in representation. We believe there was not a man from Dayton—only two or three from Cleveland—only Surgeon-General Barr and Dr. Thompson from the near by city of Columbus—Cincinnati only had four or five delegates, when there should have been thrice that number.

Still the meeting was a good one. There were quite a respectable showing of papers and reports, with spirited discussions. A report from Jefferson County on the condition of the Incurably Insane in our State created a good deal of interest. The Society appointed a Committee to take hold of this matter, who will probably bring the subject to the attention of the next Legislature, with an urgent appeal for the establishment of an Asylum for Incurables.

Another topic of a good deal of practical interest grew out of a resolution of Dr. Mussey, creating a committee to inquire into the workings of the Public School system in the large cities of this State, especially with reference to the requirements, times of study, and recreation, with the influence upon the health, development and

longevity of pupils. We hope the Committee will make a thorough report on this subject at our next meeting. The Barnes-Verdi affair was moderately ventilated and referred to a Committee. The debates were courteous, and nothing occurred to mar the interest and pleasure of the meeting.

Amongst the miscellaneous items of business we must not omit to mention a vote of thanks to the proprietor and editor of the *Chicago Republican* for its bold and honorable stand against indecent quack nostrum advertising.

The general sentiment continues in favor of meeting still at the White Sulphur Springs, and the Society voted to adjourn there for another year—the inconvenience of access seems to be fully counterbalanced by other elements of comfort.

Dr. B. S. Brown, of Bellefontaine, was elected President for the ensuing year.

Serious Accident to Surgeon W. H. Gobrecht U. S. V.—Dr. Gobrecht was badly injured some days ago by being thrown from a horse. He had been transferred to the Post Hospital at Camp Dennison, after closing up the Officers' Hospital near this city, and on the morning of the accident, was riding a spirited horse, which becoming unmanageable from some cause threw him, producing a terrible concussion of the brain and a fracture of the fibula on one side. He could not recognize any one for several days, but as we write this, we are glad to be able to state that he is moderately convalescing, with every prospect of an entire recovery.

Philanthropy During the War.—We learn from the *Evening Post* that a gentleman of this city, Mr. Hartley, has compiled a small book, prepared with great labor, and which is a most striking exhibition of the philanthropic exertions of the American people during the war. It is stated therein that the total contributions from the States, counties and towns, for the aid and relief of soldiers and their families, have amounted to over one hundred and eighty-seven millions of dollars (\$187,209,608 62); that the contributions for the care and comfort of soldiers, by associations and individuals, have amounted to over twenty-four millions (\$24,044,855 96); that the contributions, at the same time, for sufferers abroad have been \$380,140 74; and that the contributions for freed men, sufferers by the riots of July, and the white refugees, have been \$639,644 13; making a grand total, exclusive of the expendi-

tures of the government, of more than two hundred millions of dollars (\$212,274,259 49).

It is no exaggeration to say that this is unparalleled in the history of nations; indeed, our limited reading of military annals does not allow us to recall any instance in which the same thing has been so much as attempted. In England, during the Crimean war, and in Germany, during the struggle against Napoleon, both men and women did a great deal in contributing to the comfort and relief of their armies. It is, in fact, impossible that war should rage in any nation without exciting the sympathies of the people to a greater or less extent. But nowhere, we believe, have such spontaneous and systematic exertions been made, or such grand results accomplished, as in the United States.

But the real significance of these large contributions lies in the deep and almost universal devotion which they manifest on the part of the people in the cause of the war. All classes have taken part in them—the poor widow with her mite, the rich merchant with his thousands, the child of the Sunday school, the settler of the backwoods, the American roaming in distant lands.—*Christian Inquirer*, from *Washington Intelligencer*.

Medical Journalism.—It is a matter of notoriety to those who have ever had personal interest in this matter, how unsatisfactory and unremunerative is editorial and publishing labor expended on medical journals. Why this should be so is difficult to explain; it is true that a very small proportion of the medical population of the country feel the necessity of a medical journal; that, too, seems strange to most of us who have access to journals. Before the outbreak of the rebellion there were a large number of medical journals in America—every considerable city had its medical organ—and many cities sustaining medical schools had several journals. We had more journals than were pecuniarily sustained by their subscribers, and we fear more than were worthy of support. The number rapidly declined with the war, so that from about fifty we only have about ten or twelve at the present time. This large suspension wrought its benefits as well as its evils. One of the benefits is that probably the surviving journals are on a firmer basis than ever was secured by medical journals in this country, and therefore in a condition to be more independent and useful. One of the evils is that important cities and sections for a time have been entirely unrepresented in medical journalism, but that will speedily correct

itself with the return of peace and the reduction of the expenses of publishing ; indeed, the probabilities are that we may soon have a revival of schools and journals, and especially that worst of professional evils, journals devoted to the *clique* interests of schools, as abundant as leaves in Vallambrosa. In a recent number of the *Boston Medical Journal* we find some judicious remarks bearing upon the subject of Journalism, which we think worthy of preserving, and quote the following paragraphs :

“The man who only wants a medical journal for a weekly supply of new remedies has but a poor conception of what such a publication should be, or of his own duties of self-culture. It might as well be admitted at once, that it is impossible to offer to the world every week whole pages of novelties of this kind. The effort to do it would be sure to end in disappointment. But this is after all but a small part of the function of medical journals. Our profession is intended to be a liberal one, including in its preparatory training a large circle of the physical and intellectual sciences. Shall this culture end with the examination which licenses a graduate to practice ? Is a liberally educated physician to sink at once into a mere scribbler of prescriptions, the more numerous and various the better ?

“The unlimited range of discussion on topics of theory and practice, and of the causes of disease ; the startling revelations of the microscope and of chemistry applied to medicine, every day throwing so much new light on the processes of health and its derangements, which have hitherto been involved in the mists of speculation merely ; the exact observations and experiments in physiology which characterize the present day ; the crucial examination of old opinions and prejudices ; the faithful study of the laws of nature ; the honest application of these laws in the simplification of the treatment of the sick ; the interesting movements and discoveries in the collateral physical sciences which each day brings to light—all these and many other topics find their proper place in the pages of the medical periodical. And then it is necessary that the old truth should be constantly *re-presented* to the world. New methods of stating it, or new and attractive forms of illustrating it, set it before the mind with a freshness which is necessary to keep it alive. Every reader must appreciate this, and no man deserves a respected place who is not a reader.

“Medical journals also furnish a bond of union and sympathy between the members of our profession which nothing else can supply. True it is that our brethren are too apt to hold a passive position in

this relation, willing to be recipients rather than communicators of the wisdom that comes by experience, leaving to a comparative few the utterance which ought to be varied and general. In this matter there is great room for, and need of improvement. Some of our most able men are only known as such to their patients and immediate friends ; they never write for a medical journal. The reticence of the "silent profession" should have no check upon the pen which might be so often profitably employed where it now lies idle.

"One word about the pecuniary support of medical journals. We are told that in Europe, especially on the Continent, every educated physician makes it a matter of conscience to subscribe for at least one of these publications. Without it he feels that he would be cut adrift from the main body of the profession, and he takes a constant interest and pride in comparing his own experience with that there recorded, and is always ready to do his part in contributing to the common stock. Would that we could say as much of the members of the medical profession on this side of the water ! We do not even, if we are rightly informed, keep pace in this matter with the legal profession. The law journals, we are told, are well sustained here by members of the bar ; and surely there is quite as much reason for a similar patronage by physicians of the publications of their profession.

"We have thus touched briefly and most superficially on some of the topics which suggest themselves to our minds when we turn our thoughts to the labors with which as journalists we are engaged. Most thankless and unsatisfactory they too often are ; let us hope that our brother physicians will give us more of that sympathy and co-operation which can do so much to lighten the task for which the pecuniary compensation is so insignificant.

H. P. THROOP is general agent for collections and subscriptions for the *Lancet and Observer*. He is now traveling in Ohio.

Letter from New York.

NEW YORK, June 15, 18 5.

Dear Stevens : I have been to Boston, the acknowledged *hub of the universe* ; and—must I admit it—for the first time in my life ! A decent respect to the opinions of mankind, and of the Bostonians in particular, requires a declaration of the causes that impelled to this rash act. Well, the great attraction was the annual reunion of the American Medical Association ; not to mention the various objects of historical and scientific interest that are found in and around that grand old citadel. Why should we stick to the felloe and revolve forever around the old hub away off yonder at Cape Cod, without, at least, once in our lives, sliding down the spokes and testing the soundness of the nave and the axle ? Not discerning anything unconstitutional in the gratification of a long-cherished curiosity to see the city of clams and cod fish, with its peculiar aristocracy, I, with other one-horse Western disciples of Esculapius, went thither to take part in the grand social and scientific *hub-bub*. We started out to enjoy ourselves, and, to express it in current Yankee style, we did it *right along*. The Yankees of the West felt like seeing the Yankees of Down East, and enjoying for a short season, their proverbial hospitality. You know we are all Yankees now, with or without the handle so innocently attached to us by the pious old negro in Richmond, who prayed de Lord to bless and prosper de d—d Yankees. In times past, the well known characteristic of that curious people was a blue streak extending in a direct line from the sternum to the pubis, dividing of course to embrace the umbilicus, on its way down. That streak has been taken with a *spréading* since the last few years of Southern picnics, till it has extended over the entire body politic. It is utterly impossible now to diagnose between a *Yankee* and a *gentleman*.

By the way, I must go back and explain what I mean by one-horse doctors, to avoid the charge of invidious distinctions. Well, in the West, all *decent* doctors are *one-horse*. It is only the quacks and those afflicted with *proud flesh*, that drive double. Down East, I am sorry to say, many of our brethren have so far departed from primitive simplicity, as to adopt the *coupe* and two. I would earnestly recommend that this grave matter be referred to the Committee on Edits, or perhaps more appropriately to that on Necrology ! With these few preliminary explanations and suggestions, I wil

proceed to give you some other incidents of the professional raid on Boston. As a matter of course, there was a feast of fat things, embracing very naturally a liberal contribution from the Zoological orders of pisces and crustacea. The discussion of those salt water animals formed a legitimate and very important part of the proceedings of the Association every day of the session.

On the afternoon of the second day of the meeting, the members availed themselves with becoming alacrity, of an invitation to make an excursion down the harbor. The steamers, *Rose Standish* and *Russia* were in readiness, by order of the City Council, each carrying a band of superior musicians. Besides the delegates, the party was composed of the Committee of Arrangements, some members of the Council, a number of invited guests, the Chief of Police and His Honor the Mayor; making in all a thousand or more people. With streaming colors and cheering strains of music, we steamed down the channel, receiving and recognizing in turn, a salute from the revenue cutter, *Pawtuxet*, and a Hurrah, backed by a tiger, from the Boys of Massachusetts School Ship. After a short halt at Deer Island to visit the House of Industry, with the neatness and order of which every body was delighted, the party re-embarked and proceeded to the celebrated Fort Warren. The officer in charge of the Fort permitted the excursionists to land and inspect the works, requesting them, however, not to converse with the prisoners, among whom were Alex. H. Stephens, Gen. Early, and other distinguished guests of Uncle Sam. As the hour was growing late, and we had not yet replenished the inner man, the excursionists began to feel an inward conviction of gnawing physical want, which seemed to communicate itself to the steamers, and we were off for the "Cottage," around which hovered strong suspicions of delicacies. About 4 o'clock we landed, and each followed his instincts, all of which, strangely enough, converged towards the tables *groaning* under their tempting load of good things, to use a highly figurative expression. But they didn't *groan* long after the doctors got there, for their *specialty* is to *alleviate*. That duty was very quickly performed, and that thoroughly and *all getherly*. If I ever saw chickens, lobster-salad, and luxuries of all kinds, *fly*, I saw it on that stirring occasion. Wine too was shed in such profusion, that when the time for speeches and toasts came, everybody was overwhelmed with the responsibilities and the value of the medical profession. Mayor Lincoln first mounted a chair, and, after calling the gentlemen to order, made a speech "full of the most cordial hospitality and gen-

erous appreciation of the standing and value of the medical profession." Of course, there was during all the speechifying a chronic interruption of wild applause and enthusiastic cheering. The Mayor, in concluding his happy remarks, called for the President of the Association, Dr. Davis, of Chicago, who was received with deafening cheers. He too was overwhelmed with "recollections of the past," mingled with anticipations of the future. He wound up with an eloquent peroration, embracing the cradle of liberty, Bunker Hill, the glorious Union, and the brave soldiers, all washed down by the Mississippi river! Several other speeches in the same strain, all eliciting unbounded applause, wound up this eminently social part of the performance. A few of us, retiring a short distance from the scene, and prostrating ourselves on the green sward, profited by the enchantment which distance lends to the view. Among other wicked criticisms indulged in by our select committee of observation, was one from a high medical functionary of the army. He denounced the proceedings as a palpable violation of the scriptural teaching not to put new wine in old bottles! How uncharitable that was, and how inconsistent with the spirit of the occasion! It was an "offence of no mean proportions, the high position of the parties making the demoralizing effect the greater." The balance of the excursion was all a matter of moonshine—that is, a return to the city by moonlight, amid music and songs and the evidences of the famous feast of reason and flow of soul.

These interesting little episodes in the history of the reunion may be strictly considered as extra-professional. Let me then refer briefly to a few of the purely professional matters that were considered. One thing that interested me very much was the disposition to *snub specialists*, so manifest throughout the whole proceedings of the Convention. Unfortunately, the Association had appointed a man from New York city, on a special committee to report on specialists and specialties, who had not only sought the position, but who is using it for self-advertisement. His criticisms of the code of ethics and his views in regard to advertising, are as objectionable to all respectable specialists as they are to the rest of the committee and the Association generally. Much that he said in vindication of specialties legitimately pursued, is incontrovertible.

I am happy to know that Julius Homberger, notwithstanding his persistent efforts to put himself forward as the champion and exponent of Ophthalmology in America, does not represent all the talent and all the honor of the young American School of Ophthal-

mology. There is in existence the American Ophthalmological Society, composed mainly of young men of education, intelligence, and high professional tone, who have been pupils of Arlt, Graefe, Donders and other German specialists of world-wide reputation, as well as of Bowman, Critchett and a number of others whose whole time and attention are devoted to the cultivation of the same special branch in England. When I speak of a specialist I mean an honest, intelligent man who, after a thorough course of study in all the departments of medicine and surgery, and respectable graduation qualifies himself by years of study with the acknowledged masters in some special department, for a special practice, and pursues that branch legitimately as an exclusive profession. Between such a specialist and the traveling, advertising quacks that infest this and all other countries, there is the greatest possible difference. If the editor of the *Medical and Surgical Reporter* can be guilty of classing us with that swarm of unmitigated swindlers, who make up the itinerant oculists and aurists, as the community is in the habit of lumping together all varieties of quacks with the regular profession, and calling them all *doctors*, I have less respect for him than I have heretofore entertained. When he says, "We have plenty of general practitioners in the departments of medicine and surgery, who are fully as reliable, in our view, in special practice, as are nine-tenths of the professed specialists," if he means legitimate specialists, he either betrays his own ignorance, or is pandering to the prejudices of the Association against the cultivation and practice of particular departments of the healing art. Everybody knows that Mott and Pancoast and such men as we all love to honor, although possessing all the special learning of their day, are not to be compared with Graefe, Desmarres, Arlt, Donders, Bowman and a host of other Ophthalmologists of the present day. The thing is too absurd to be seriously considered. I venture the assertion, that ninety-nine out of a hundred of those surgeons and general practitioners who are so severe on specialists, not only do not know anything about the various ophthalmoscopic changes so easily seen and so well understood by all intelligent oculists of the present day; but they can not tell in what change the accommodation of the eye consists, and how it is brought about; what are the anomalies of refraction and accommodation so clearly demonstrated by Donders in his recent and great work on that subject; or even the modern improvements in the treatment of stricture of the nasal duct, the simplest and most purely surgical of all diseases about the eye. Speak to them

about a lachrymal fistula, and they will at once suggest the catgut or a silver tube, or the sounds of Gensoul, as the only remedy. I do not say this to the disparagement of surgeons and general practitioners, because it is impossible for them to study and practice all the details of this now vast department, and keep posted in the other branches too.

Dr. H. R. Storer, of Boston, in his report on specialties, uttered a truth when he said specialists have already vindicated their position and are the leaders of the profession. The idea of general practitioners being thorough in all the branches, is literally impossible, and shows that the man who talks that way is not sensible of his extreme ignorance.

But I must dismiss Boston and the Association, for a few remarks about the Ophthalmological Society. We met in New York on the 13th of June and continued two days. Several topics of interest were discussed, the principal one, and that which had been appointed for investigation, being asthenopia. As the proceedings, with an excellent address by Dr. Noyes of New York, in vindication of specialties, will be published, I shall not speak of them in detail at present. The venerable Dr. Delafield, of New York, is President, and the Society, composed of about twenty members, is destined to flourish, because it is composed mostly of young men of high attainments and an earnest zeal for their profession, and who will work together for the true dignity of their specialty. The next meeting will be held in Boston in June, 1866, when the subject of discussion will be "the various operations for cataract and their comparative results."

We would be very happy to see some of those surgeons and practitioners there who have such a high opinion of their own attainments and such a holy contempt for all specialists. A comparison of notes might be edifying to *both parties*. It certainly would be to *one*.

In conclusion, I subscribe myself

THE OPHTHALMOLOGICAL DEPARTMENT.

Editorial Abstracts and Selections.

Prepared by W. B. FLETCHER, M D., Indianapolis, Ind.

MATERIA MEDICA.

1. *Bromide of Ammonium in Pertussis*.—Dr. Kuchenmeister states that additional experience confirms the favorable opinion he formerly expressed concerning the value of this medicine. He gives of a concentrated solution of the bromide from five to fifteen drops three times daily, according to the age of the child, proceeding to the larger quantity named, only gradually.—*Zeitschrift für Medicin*, 1864, p. 410.

2. *Effect of Petroleum on the Nervous System*.—Dr. Georges has observed that the emanations of petroleum have a weakening effect on the muscular system, and cause headach, especially in the case of nervous people, and those who live in a confined atmosphere exposed to these emanations. He stated that the latter contains a peculiar principle which may be eliminated, and is found to act principally on the heart and brain. Ether of petroleum may, he adds, be used to cool the teguments during surgical operations, because it causes no pain on the bleeding parts.—*Cor. Med. and Surg. Rep. from Chicago Med. Examiner*.

3. *Destruction of Tumors by Electricity*.—Mr. Nelaton communicates a paper in the destruction of tumors by an electrolytic method, applicable to cases in which the tumor is deeply seated, and inaccessible to ordinary instruments. The case quoted by him was a nasopharyngian polypus, which was electro-chemically destroyed by inserting two platinum pins into its mass, and making them communicate with the poles of a Bunsen's pile, consisting of nine elements, sixteen centimeters in height by eight in diameter, and arranged for tension. The tumor was destroyed in six sittings, without any effusion of blood, and with very little pain.—*Chicago Med. Ex., from Cor. of Med. and Surg. Rep.*

4. Dr. Richardson, an English chemist, says that iodine placed in a small box, with a perforated lid, destroys organic poison in rooms. During the continuance of an epidemic small-pox in London, he saw the method used with benefit.—*American Druggists' Circular and Chemical Gazette*.

5. *Autolaryngoscopy*.—One of the most useful means of acquiring skill and confidence in the examination of the larynx is the practice of autolaryngoscopy—that is, the examination of one's own larynx. Various methods of autolaryngoscopy have been proposed and practiced. The simplest and most satisfactory plan is one which is very easy of execution, and which requires no special apparatus. The concave reflector on the forehead, and the laryngeal mirror which is used in the examination of others, with a common looking-glass,

and a lamp, constitute the whole of the apparatus. The method of operating is thus :

Sitting at a table of a convenient height, I place a looking-glass at a distance of about eighteen inches in front of me, and a moderator or a gas lamp on one side of the glass, but two or three inches further back, so that the light may not pass directly from the lamp to the mirror. Now with the reflector on my forehead, I direct the light as it were, into the open mouth of my own image in the looking glass ; then, introducing the laryngeal mirror into my mouth. I see the reflection of my larynx and trachea in the glass before me, and any one looking over my head or shoulder can see the image at the same time. This method, therefore, serves for autolaryngoscopy and for demonstration ; in other words, the experimenter can, by this means, see his own larynx and show it to others.—*Part of Lecture delivered at the Royal College of Physicians, by George Johnson, M. D., Prof. of Med. in King's College, &c.—The Medical News and Library.*

6 *Siberian Plague in St. Petersburg.*—A terrible epidemic, resembling in its fatality the Asiatic Cholera, has for some months devastated the interior of Russia, apparently taking its origin in Siberia. It has gradually swept down southward, spreading more widely as it advances. It has thus far baffled the skill of Russian physicians, as well as those professors of medicine who have proceeded from Germany to study its symptoms. In many respects it resembles the celebrated plague of Athens, which decimated Attica in the second and third years of the Peloponessian war.

The person seized immediately despairs of recovery ; he loses memory and hope together ; a violent retching, a hoarse cough, a dilated pupil, a swelling of the belly, pestilential carbuncles, and dark color of the skin are the prominent symptoms. Its victims do not survive beyond the ninth day. Seventy-five per cent. of those attacked have thus far died. Dr. Chas. Marchison, physician to the London Fever Hospital, expresses in a letter to the *Times* his opinion that the malady is "relapsing fever." No less than forty physicians are reported dead. Among them Dr. Erichson, Surgeon to the Emperor Nicholas who died while attending the Hospital. The disease is apparently on the decrease.—*Correspondence of the Times.*

7. *Ogle on Morbid Growths of the Brain.*—CASE.—Abscess in the Right Cerebral Hemisphere, consequent upon Carcinomatous Ulceration of the Face and Right Orbit. Abscess of Cerebral Symptoms.—William S., aged seventy-nine, died Nov. 22d, 1834, with carcinomatous ulceration of the integuments and bones of the face and of the lower and outer walls of the right orbit. During the whole of his disease there had been no symptoms pointing to disease of the brain.

Post-Mortem Examination.—Cranium.—The bones of the face and of the right orbit were greatly affected by carcinomatous disease, and there was an ulcerative perforation of the sphenoid bone near the optic foramen, and corresponding to the hole in the bone was an opening in the dura mater. In the substance of the right cerebral

hemisphere, corresponding to the perforation of the dura mater and sphenoid bone, and near the surface of the convolutions, (which were much flattened,) was an extensive cavity, with vascular parietes. This was comparatively empty, but had contained a large amount of pus, which had escaped through the above-described aperture in the dura mater and bone. The other parts of the brain were quite healthy.

CASE.—Abscess in the Anterior and Middle Lobes of the Left Cerebral Hemispheres. Disease of the Inner Ear.—Matthew S., aged twenty-eight, who for some years had been subject to occasional purulent discharge from the left ear, was admitted August 24th, 1835, three weeks after a blow on the head from the edge of a door. This accident was followed by intense pain at the seat of the blow, and subsequently over the whole head. In a week's time delirium came on, with frequent attempts at self destruction. He became comatose, August 27th, and in a few hours died.

It was stated that when at any time the discharge from the ear ceased to run he was wont to be very deaf.

Post Mortem Examination.—Cranium.—The anterior and middle lobes of the left hemisphere of the brain contained a large abscess, the walls of which were in a state approaching gangrene. This abscess communicated with the cavity of the tympanum through an ulcerated opening in the petrous portion of the temporal bone; around the opening was denuded of dura mater, and was roughened and covered with much new porous osseous tissue.

CASE.—Carcinoma of the Hemispheres of the Brain. Carcinoma of the Left Eyeball.—Charlotte M., aged sixteen, was admitted into St. George's Hospital, Dec. 8th, 1841, owing to "fungus hæmatodes" of the left eyeball. The organ was extirpated, and the patient left the hospital relieved, but returned April 3rd, 1842, complaining of pain in the head, and of loss of vision in the right eye, vomiting, at first after meals, but subsequently at other times also, came on, which, along with the pain in the head, increased until she died, June 9th.

Post Mortem Examination.—Cranium.—The posterior part of the anterior lobes of the brain, and also the structures behind, as far back as the fore part of the pons varoli, were occupied by encephaloid carcinomatous deposit. The growth, which was very soft in character, was intimately connected with the left optic nerve. The right optic nerve was much flattened and displaced by the tumor, down the side of which, and winding round the crus cerebri, it could be traced. Cerebral congestions and slight serous effusions into the lateral ventricles existed.

Microscopical Examinations.—The growth was found to have the following appearance: It consisted entirely of cells, no fibres being seen; and the cells were some of an oval shape, some round, and some triangular. Many of the oval ones had nuclei, and a few had slight elongations from their extremities, but there were no traces of decided fibres. Many round ones also had nuclei, and some were

very large, with granular or highly refracting clear contents. Moreover, some cells were simply nuclear bodies, rendered clear by the addition of acetic acid.

CASE.—Fibrous Tumor of the Tentorium Cerebelli. Softening of the Right Cerebellar Lobe. Death from Erysipelas.—Anne J., aged sixty-six, was admitted Oct. 28th, 1840, complaining of giddiness and pain in the head, generally intensified by eating, although the appetite remained good. These symptoms increased, and, in December, shivering, followed by great heat of the body set in. Leeches were applied to the temples, but on the day afterwards erysipelatous inflammation attacked the leech-bites, and spread over the neck and back, and of this she died December 14th.

Post Mortem Examination.—Cranium. Bones of the skull natural. The cerebral membranes were generally thickened, and much serous effusions existed in the sub-arachnoid tissues and in the ventricles. To the under surface of the tentorium cerebelli a large fibrous tumor was attached by means of a pedicle, causing by its pressure a certain amount of softening of the right cerebellar lobe. All other parts of the body were quite natural.

Microscopical Examinations.—The tumor was found, after long maceration in spirit, to consist almost entirely of distinct fibrous tissue, the fibres being rendered very faint by the addition of acetic acid, and in some cases almost invisible; mixed with the fibres were numbers of elongated, fusiform cells, showing in some cases delicate nuclei.

CASE.—Large mass of Calcareous Matter in the Falx Cerebri. Softening of the Central Parts of the Brain. Phthisis Pulmonalis. Severe Headache during Life.—David E., aged twenty, was admitted February 22d, 1842, with erysipelas pains in the limbs, severe headache. Sickness and great unwillingness or inability to answer questions existed, but no paralysis was noticed. The pupils became dilated, the pulse low and slow, and later on there was involuntary action of the bladder. Coma continued until death (March 3rd,) erysipelas having appeared on the face toward the end of life.

Post Mortem Examination.—Thorax and Abdomen. The lungs contained much serofulous deposit; the kidneys were congested.

Cranium: A large portion of calcareous matter was found in the substance of the falx cerebri, and one of the Pacchionian bodies was unusually large, and imbedded in a cavity which almost penetrated the entire thickness of the skull. The corpus callosum, fornix, and septum lucidum were very softened; and at the base of the brain recently effused fibrine existed in the sub-arachnoid tissues.

CASE.—Bony Slate in Falx Cerebri. Acute Rheumatism. Abscess in the Hip-joint. Pyæmia.—Henry P., aged thirty-eight, admitted Nov. 30th, 1851. Having been in good health, and a temperate man, he was affected two weeks before admission, with pains in the right knee and groin thought to be rheumatism. On admission, the knee was exquisitely painful, but little swelled. Salines and calomel and opium were given. On the day after admission he

became delirious; the urine was found to be albuminous, and to contain "casts." He became better, free from pain and delirium, but profuse sweating came on, and also intermissions of the pulse. He rather unexpectedly died five days after admission.

Post Mortem Examination.—Abdomen and Thorax: The kidneys were diseased, one containing a "secondary deposit," and the lungs contained similar deposits.

Hip joints: The right hip-joint was full of sanious pus, and the cartilage of the acetabulum much diseased. Cranium. A large bony plate was found in the substance of the falx cerebri, but nothing further of unusual character was found about the cranium or the brain.—*The British and Foreign Medico-Chirurgical Review and Quarterly Review.*

PRACTICAL MEDICINE.

8. *On the Diseases of the Skin, caused by the Acarus.*—The effects produced by the presence of the acarus in the epidermis are—Itching, aggravated toward evening, in some cases felt only in the evening, and even then but slightly, but in others severe enough to deprive the patient of sleep and rest during the first half of the night. The itching and the scratching that it provokes are to some people not altogether disagreeable. I have noticed that those who describe the sensations produced by scabies as agreeable are usually persons of lymphatic temperament, while to persons of nervous temperament the disease is always tormenting.

One of the diseases that results from the irritation of the acarus is Prurigo. By this I mean an eruption of papules (discrete, not confluent) attended with considerable itching of the portions of skin on which they appear; this itching leads to the excoriation of their summits by the patient's nails. They have been described by Willan and Bateman as papules, with vesicles on their tops; but this is an error, since the small drops of serum which exude from the torn apices of the minute pimples are not covered by any layer of epidermis. The prurigo of scabies differs from the ordinary prurigo of old persons, in that the papules are smaller; that the secretion from these summits is sanious serum, rather than blood; that they are more numerous on a given extent of surface, and that the minute crusts which result from the drying up of the fluid that exudes from them are more florid. The usual situations for this pruriginous eruption are the inner aspect of the forearms, the belly, and the thighs. In the great majority of cases of scabies this papular eruption is present.

Another disease of the skin produced by the acarus is a vesicular eruption. The vesicles vary in size from that of a small pin's head to a large bleb. They are seen more commonly on the backs of the webs of the fingers, and on the sides of the fingers, on the back of the web of the thumb, on the palm of the hand, on the anterior aspect of the wrist, and on the feet. The vesicles are absent in about twelve per cent. of the cases of scabies that come under obser-

vation. A fair idea, both of the vesicular and the pustular eruptions of scabies, is conveyed by Part IV. of the author's published series of photographs of the diseases of the skin.

A pustular disease of the skin is a common result, too, of the presence of the acarus. This eruption I have observed more commonly in the lymphatic and the debilitated. It may be observed on either the hands, the feet, or the nates. The pustules when situated on the hands or in the feet, are of the same average size as the vesicles, but on the nates they often resemble small furunculi. I have even seen small abscesses on the nates of children, due entirely to the irritation of the acarus.

It is by no means uncommon to see patches of eczema or of impetigo, as the result of scabies; these occur more frequently about the wrists, in the flexures of the elbows, in the axillæ, about the ankles, in the ham, or (in the female) on the breasts.

There is another disease of the skin which the acarus may give rise to—when I say may give rise to, I do not merely mean may re-excite, but may cause to appear for the first time—and that is urticaria. This, I believe, has not been noticed by any other author. I have seen very severe urticaria form the principal feature of cases which, on careful examination, I have found to be cases of scabies.

Besides the above detailed eruptions, there is another symptom of scabies, which, though less obvious than any of the preceding, is of infinitely greater importance, since it is not only most constantly present, but once recognized is pathognomonic of the disease. The symptom referred to is the track, left by the female acarus in its passage through the substance of the epidermis, the acarian furrow, as it has been termed. This presents the appearance of a curved dotted line under the surface of the epidermis, varying in length from the thirtieth to the third of an inch, and assuming the form of a comma, of a horse-shoe, or of the letter S. It may be either white or of a greyish color. At one extremity of the furrow is a minute, rounded, opaque, white elevation, the “acarian eminence;” from this, with a little address, the acarus itself may be extracted on the point of a pin. It is, however, easy to detach small pieces of epidermis, of about the size of an acarus, where no acarus is present, and I have often seen this mistake made. The itch may be distinguished from fragments of epidermis by several tests; of these the most unequivocal is to place the suspected atom under the microscope, when the well known anatomical characters of the acarus (if acarus it be) will at once reveal themselves; but the microscope is an instrument that we may not have always at hand and in its absence there are other tests which are scarcely less certain. Thus, if the point of the pin to which the particle adheres be held up to the light, if it be an acarus, the atom will have a semi-transparent and plump appearance; if it be a piece of epidermis, it will look opaque and shrivelled.

An acarus, if placed on a piece of colored paper and breathed upon, will be seen to crawl along the surface. If it be placed in the flame of a candle, a faint explosion will be heard; this is owing to the soft, semi-fluid body of the acarus being enclosed in a hard,

shell-like skin, which burst under the pressure of the steam generated within; a piece of epidermis on the other hand, noiselessly shrivels up. Scabies is most frequently met with amongst the poor, but is much commoner among the middle and upper classes than it is popularly supposed to be. It is more common with children than adults. It rarely attacks the face or scalp. Its only cause is contagion.

As to the manner in which the contagion of scabies operates, it was formerly supposed that the fluid contained in the vesicles, which appear on the hands and feet, was the source of contagion, but actual experiment has supplanted this theory. Several persons were inoculated with the fluid taken from the vesicles of scabies, and not one contracted itch, whereas a single acarus taken from a furrow was found to be always capable of communicating the disease. It has been thought by many that scabies is ordinarily communicated in this way; but I think it is more reasonable to suppose that it is caught from the ova of the acarus. As the female tunnels her way through the substance of the epidermis, she makes from time to time small air-openings to the surface; the ova that she lays can readily escape by these apertures, and, owing to their extreme minuteness and lightness, adhere readily to any soft substance with which they may be brought into contact, so that it is more probable that the disease is communicated in this way than by means of the female acarus, who rarely, if ever, leaves the tunnel.

Treatment.—If there be much inflammation, it is advisable to defer specific treatment for a day or two, and to have recourse, in the interim, to laxative and refrigerant medicines, and to emollient baths. The specific treatment should be commenced by a thorough soaping of the skin, from the neck downwards, followed by a warm-bath, after which the following ointment should be well rubbed in over every part of the body, excepting only the face and scalp:—*R.* Potass. carb. 3ss. sulph. sublim. 3j., hydrarg. bisulph. gr. ij., ol bergam. m. iv., adipis. 3j. This process should be repeated every fourth day, till it has been undergone three or four times. After the ointment has been applied, fresh linen should be put on, but the same linen should be worn next the skin day and night, till the next application. At the same time care should be taken to disinfect all the patient's clothing, by subjecting it to a temperature of 200° Fahr. This may be done by boiling the linens, and ironing out the other clothes.—BALMANSO SQUIRE in *Med. Mirror*.

9. *Pitting in Small-Pox.*—G. SIMPSON, M.D., in writing to the *Medical and Surgical Reporter*, says: "In your number of March 11th, 1865, I notice a communication from Z. C. McElroy, M.D., of Zanesville, Ohio, headed Pitting prevented in Small-Pox. I can not refrain from taking the opportunity of verifying his success, as I have tried the same treatment in two cases, and with almost perfect success.

My treatment consisted in rupturing the pustules, during the maturative period, with a small bistoury, and allowing a free dis-

charge. My local application consisted of nothing but glycerine. Both patients recovered with scarcely a mark or trace of the disease, and their complexion is perfect.

I also suffered, during the month of February last, with a severe attack of varioloid, and with the above treatment, I have recovered without the slightest disfigurement or mark, where I treated the pustules as above.

OBSTETRICAL.

10. *Division of Os Uteri.*—The *British Medical Journal* says that Dr. Gream opposes the views of Dr. Marion Sims respecting the enlarging of the os uteri by incision. Dr. Sims, says Dr. Gream, “repudiates dilatation as dangerous in all its aspects, and declares that division of the cervix is as safe as dilatation is hazardous.” Dr. Gream adds, that he has been repeatedly consulted by women who had had the os uteri divided for sterility; and never, except in one single instance, has he known a case in which pregnancy followed; and in this case the woman aborted, because the artificial opening was so great as to prevent the womb retaining its contents. He could also, he says, relate of cellulitis, pelvic abscess, etc., following incision of the cervix. Dr. Gream considers the only proper treatment is slow and carefully managed dilatation, in properly selected cases.

SURGICAL.

11. *Amputation of the Thigh at the Knee.*—We find in the *British Medical Journal* an account of a discussion in Germany on the merits of a new mode for amputation of the thigh at the knee, in which the femur is sawn through the condyles, or at the epiphysis, and the patella retained in the flap, that it may unite with and upon the sawn end of the bone. It is designated as Gritti's operation. Dr. Lucke details four cases in which he operated. The first died in the second week of purulent discharges; patella ununited. In the second case, the patella became firmly united with the end of the femur, forming an excellent stump. The third and fourth cases ended fatally. He communicated another case of perfect union of the patella to the end of the femur, occurring in Rotterdam. Prof. Wagner, of Koninsberg, related the result of dissection in a successful case, in which “the patella was riding upon the anterior edge of the cut surface of the femur, was thickened and bent, and united to the femur by connective tissues only.”

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ARTICLE I.

Reports of Six Obstetrical Cases occurring In Yazoo and Madison Counties, Miss., during the Years 1858, '59 and '60.

BY JAMES M. HOLLOWAY, M.D. DANVILLE, KY.

It was my intention to furnish, in connection with the following reports, a statistical table showing the number of births, etc., occurring in my practice during the three above-named years. The data, however, on which to base such a report being, at this time inaccessible, I am compelled to omit it. Nevertheless, such cases are interesting and instructive, and in the language of Keating, "their publication, whatever may be their results, do more for the true progress of the art than those lengthy discussions based upon the theoretical notions of individuals and leading, therefore, to no positive conclusions."

CASE I.—Plural birth; first child; vertex presentation; second-breech, chin locked under symphysis pubis; one placenta retained twenty-four hours; recovery of mother.

January, 1858.—Was called in consultation by Dr. A. H. Cage, of Yazoo County, to see Lucy, mulatto, aged about 25 years, general health good, well developed, in labor at her full term, had borne children before. Upon my arrival, the first child had been safely delivered, the vertex presenting and the body of the second was born, but the head was still engaged in the superior strait and the chin locked under the symphysis pubis. Supporting the body of the child with the right hand-

the left was introduced along the sacrum, and during a "pain," firm and steady pressure upward and toward the left side was made against the occiput. The pains being frequent, the position of the head was speedily changed, the chin unlocking and coming down, and the delivery was easily effected. One placenta speedily followed the birth of the second child, the other was retained twenty-four hours through carelessness of the attendants, though without detriment to the mother. The placenta must have been expelled from the uterus and retained in the vagina, otherwise alarming hæmorrhage would have resulted. The second child was still-born.

CASE II.—Plural birth ; tedious labor, because of excessive quantity of liquor amnii ; first child breech presentation ; second, shoulder, delivered by spontaneous evolution ; mother recovered ; children still-born.

June, 1858.—In consultation with Dr. Cage. Jenny, black, aged about 35 years, health good, well-developed, had given birth to other children without trouble. Dr. C. stated that she had been in labor about ten hours, that the pains had not at any time been severe, and that for two hours they had ceased entirely. Upon examination, we found the os uteri fully dilated, the vulva cool and moist and the membranes protruding. The abdominal tumor being unusually large, it was supposed that the feebleness of the uterine contractions depended upon an excessive accumulation of the liquor amnii, and we decided to rupture the membranes, whereupon, the pains returned, and the breech of the first child presented and was speedily delivered. Further examination discovered another child engaged in the superior strait, shoulder presenting and the arm protruding. The uterine contractions ceased for a few minutes. The necessity for version seemed apparent. A short time was consumed in procuring lard for anointing the hand, when suddenly the throes were renewed, and before the hand could be introduced into the vagina the child actually tumbled out feet foremost ! Neither of the children weighed over three and a half pounds. The pelvis was roomy, the soft parts were moist and fully relaxed ; all of which accounts for the rapid and successful issue. One membrane enveloped

both of the children. Neither were viable. The mother recovered without untoward symptoms.

CASE III.—Premature labor; shoulder presentation; child delivered by version in fifteen minutes and viable; mother consumptive; recovery from operation.

July, 1858.—Was called in haste to see Mary, mulatto, servant of H. G. Blackman, distant about four miles from my office; aged about twenty years, in labor with her first child. She had aborted the year before. She states that she did not expect to be confined for two months, that she had kept her bed since the period of quickening in order to avoid another mishap, but that she had taken an unusual amount of exercise that morning which brought on her pains. As I entered her room the membranes broke, and examination discovered left shoulder presentation, the arm protruding, the dorsum of the hand looking forward. The uterine contractions were feeble, and upon introducing my left hand I found the os uteri fully dilated and the pelvis roomy. With as little delay as possible, and without withdrawing my hand, I searched for and found a leg, and with little difficulty succeeded in performing version. So soon as the foot was brought down, an assistant was directed to encircle the ankle with a strip of cloth and twist it, thereby securing a firm tractor. The delivery of the child rapidly followed, and the after-birth came away. The child, after making a few feeble efforts at respiration, expired; not, however, without strenuous efforts on my part to keep it alive by artificial respiration and other means. The time occupied in turning and complete delivery did not exceed fifteen minutes. This can be accounted for by the premature birth, the size of the child (weight four and a half pounds,) the feebleness of the uterine contractions, the roomy pelvis and my opportune arrival. Upon further examination, I found that the mother was suffering from phthisis pulmonalis, far advanced. During pregnancy, her general health improved, and although her cough, accompanied with free expectoration of pus, has been troublesome, she has, nevertheless, gained in flesh and strength. Ordered nutritious diet, and cod liver oil, with opium at night. She recovered rapidly from the effects

of her confinement, but, as is usual with such cases in whom the disease has advanced to the stage of extensive tubercular softening, and whose general condition has improved during the period of gestation, she soon commenced again to decline, and died in a few months.

The main points of interest in this case are: the ease and rapidity with which version was effected, and the rapid decline of the patient after the stimulus of gestation was removed.

CASE IV.—Shoulder presentation; arm protruding; supposed delivery by spontaneous evolution, under the relaxing influence of tartar emetic; child viable; recovery of mother.

May, 1859.—Was called, in consultation with Dr. Carter, of Yazoo County, to see a negro woman; patient aged 35 years, health good, vigorous constitution, weight about one hundred and eighty pounds, and rather corpulent; had given birth to four or five healthy children, always suffering severely during labor. The doctor stated in his note that the arm of the child was protruding, and his feeble health rendered him unable to effect delivery without assistance. When I arrived she must have been in the second stage of labor at least six hours; that time having been consumed by the messenger in coming for me eleven miles distant and our return on horseback; it being necessary in going and coming to make two crossings of Big Black river in a ferry boat. When I entered the room she was reclining, partly supported by chairs, her shoulders resting upon the laps of assistants. After each pain, all of which were violent and returning at short intervals, she would change her position, first on the floor, then upon the bed, then upon a couch, at one time lying upon her back, then upon one or the other side. She was uncontrollable.

Careful examination confirmed the diagnosis of the doctor as to the presentation; the arm was protruding and the shoulder seemed to be firmly impacted in the superior strait. It was not deemed advisable to make an immediate attempt to change the position of the child because of the violence of the uterine contractions and the extreme restlessness and excitability of the patient. The vulva was somewhat swollen, but cool and moist, and it was decided to administer one-third

grain doses of tartar emetic every fifteen minutes with a view to its relaxing effect, so that the patient would be more amenable to the influence of chloroform. I would remark that when the patient was informed that it would be necessary to resort to manipulation in order to effect a safe and speedy delivery, she objected, assuring us that "if the Doctors would let her alone, and her attendants would render her the proper assistance, she could very soon get rid of the child." After taking the third dose of the tartar emetic, she changed her position from the floor to the bed, and after a series of rapidly recurring throes, the child was rapidly expelled. Just as this event occurred we entered the room after a few moments absence in consultation. I am not prepared to state positively in what manner the delivery was effected as the patient was not exposed: but I incline to the opinion that it must have been by "spontaneous evolution."

The case is instructive, teaching us that we should be on our guard as to the expression of a positive opinion in such cases. The pains were so violent and the rigidity of the parts so great before the administration of tartar emetic that I assured the mistress of the woman that there was no hope for delivery, unless by manual interference. The child was born alive, and the mother made a good recovery.

CASE V.—Occlusion of the vagina, consequent upon the operation of craniotomy, with retention of the menses for eighteen months; convulsions during the catamenial period; operation for relief; recovery.

May, 1859.—I was called by Mr. John Lipscomb, a farmer residing four miles from my office, to see his servant Nancy, black, and aged about 20 years. From Mr. L. and the patient I gathered the following history: About two and a half years ago she had submitted to the operation of craniotomy in her first labor, rendered necessary by reason of a contracted pelvis. She recovered rapidly and without distressing symptoms, her menses returning in a reasonable length of time, and passing from her without much pain. About five months thereafter, she removed to Sunflower county. Her health began to fail, and each successive monthly term was attended

with increased pain and difficulty in flow, until, finally, about eighteen months ago, the discharge ceased altogether. About this time, she noticed a swelling in the lower part of her abdomen which increased at each return of the catamenia and was very painful. She was brought back to her home and placed under the care of the late Dr. Dewees, of Livingston, Miss. His sudden death prevented me from ascertaining his diagnosis and treatment of the case. She asserts, positively, that nothing has come from her for eighteen months, not even enough to stain her garments. During the past four months, her health declined rapidly, each catamenial period being attended by severe and long-continued convulsions. She states, also, that Dr. D. gave her medicine to take and applied strong liniments to her abdomen, but denies that he ever made an examination per vaginam. Upon arriving, I learned that she had just passed her monthly period, with convulsions, but no discharge; was confined to her bed most of the time; pulse in recumbent posture 120 and irritable; extreme marasmus and anorexia; sleep much disturbed. A circumscribed abdominal tumor was found inclined rather to left of the median line and extending nearly to the umbilicus, very painful upon pressure and moveable. Upon examination with the finger per vaginam, an obstruction was encountered about three inches from the external meatus. Upon introduction of the speculum, three small pits were seen, corresponding to the three angles of a small triangle of equal sides, the parts within and around these pits presenting a reticulated appearance. This obstruction was obviously caused, either by agglutination of the walls of the vagina or by the gradual deposition of plastic material filling up the canal, more probably the latter. How far this obstruction extended and whether it involved the os uteri, could not be determined. The means of relief were plainly indicated, and I immediately commenced the preparation of my patient for an operation, by prescribing gentle exercise in the open air, nutritious diet and the bitter tonics.

Under this treatment, her general condition improved somewhat, and ten days after my first visit and before next cata-

menial period, I determined to overcome the obstruction by puncture.

Operation.—Drs. Thos. A. Phillips and H. G. Blackman in consultation. After stimulation, chloroform having been administered, the index finger of my left hand was inserted into the rectum and passed up to the point of obstruction to serve as a guide, and with a curved trocar, (generally employed for puncturing the bladder per rectum), inserted into the vagina I carefully punctured the part. Upon withdrawing the trocar about a pint and a half of dark grumous fluid flowed through the canula, the tumor in the abdomen at the same time subsiding rapidly, and accompanied by regular bearing down pains. After syringing the parts beyond the obstruction, which extended only a short distance up the vaginal canal, with tepid water the canula was bridled and allowed to remain. A full anodyne was administered, the patient placed on her side in bed and perfect rest enjoined.

Being called away on the next day, I left the case in charge of my partner, Dr. Phillips, who informed me that acute metritis and vaginitis followed, accompanied by high fever and delirium, placing the life of the patient in imminent danger. Upon my return a few days afterward, I found her condition favorable, and immediately commenced to dilate the opening by the introduction of compressed sponges. This plan succeeded admirably, and in ten days a number twelve flexible catheter was introduced without difficulty. The first menstrual period after the operation passed without a sign, the next was attended with a slight discharge, the next was natural and without pain, and very soon, under the use of tonics and good diet, her general health was fully restored. In four months she was able to resume her work as a field hand. When I last saw her, in the spring of 1861, her health was excellent and she experienced no inconvenience farther than the occasional introduction of a flexible male bougie with which I had provided her.

Up to the time of my attention to this case, I had never read of nor seen a similar one. Subsequently I glanced hastily over an article on this subject in Meigs' work on Woman

and her Diseases. What plan he advises in regard to the after treatment, I know not, but with my present experience I should, in a similar case, enlarge the opening after making the puncture, by lateral incisions with a probe pointed bistoury, and then attempt to break up the cicatrix, for the obstruction was nothing more nor less than a cicatrix, by the introduction of my finger. I deem this important in order to give freer vent to the catamenial discharge, especially in the event of dysmenorrhœa, and to lessen the impediment to the free passage of the child, in case the woman became pregnant, which can not be considered an improbable sequence.

CASE VI.—Rupture of the uterus; gastrotomy ten hours afterwards; recovery of mother; child still-born.

July, 1860.—I was requested by Dr. C. R. Crawford to visit, in consultation, a negro woman in labor. He gave the following history of the case: Age about 25 years, general health good, in labor with her fourth child, the first two had been delivered by craniotomy, the third was a natural labor and the child living. He was called to attend her in her fourth confinement early last night; first stage easy and natural; membranes ruptured about midnight and vertex presented. The second stage proceeding favorably, he reclined upon a couch near by, and entrusted the management of the case to an experienced female nurse. About one o'clock, in the midst of a natural throe, she uttered a sharp cry and from that moment the uterine contractions ceased. He immediately suspected rupture of the uterus, and upon careful examination per vaginam and of the abdomen, his suspicions were confirmed. Being unable to discern any marked change in her general condition further than a slight diminution in the volume and frequency of the pulse, he waited until morning, and called for me at my residence, three and a half miles distant. At 11 A. M., ten hours after the accident, we found her condition about the same as when the doctor left her at 8 A. M. She had been sleeping at intervals during his absence, and the nurse stated that she had suffered "no pain." Pulse about 90, countenance expressing some degree of anxiety, lying upon her back, with shoulders elevated and thighs extended

and legs drawn up. Abdominal tumor most prominent to the right of the median line and reaching from the inguinal region to the edge of the ribs. No part of the fœtus could be distinguished per vaginam, though the whole hand was introduced. The walls of the uterus were grasped and found to be flabby, and only partially contracted. Escape of blood very slight; clots sufficient to fill a six-ounce graduate; extremities warm; complains of chilly sensations. The fœtal pulsation could not be detected. Attempts to reach and remove the fœtus through the natural channel proving ineffectual, and the history of her previous confinements inducing the belief that some deformity of the pelvis existed, the operation of gastrotomy was decided upon.

A full dose of brandy was administered and twenty grains of carbonate of ammonia given, per enema. Having placed the patient fully under the influence of chloroform, and having drawn her to the edge of the bed so that her legs might be dependent, an assistant was directed to make compression with large sponges on either side of the median line of the abdomen. A vertical incision, about six inches in length, was made a little to the right of the linea alba, commencing below the umbilicus and extending toward the symphysis pubis. The cavity of the abdomen being opened, the fœtus was found lying entirely outside of the uterus and was easily removed, the placenta, already detached, coming away with it. About one and a half pints of clotted blood were then removed, and the parts cleaned and dried with a soft towel. The uterus, with the rent therein, was examined and found to be only partially contracted. No fresh hæmorrhage occurred during the operation, either from the incision or the internal surface of the uterus. The edges of the incision were carefully approximated and secured by interrupted silk sutures. The walls of the abdomen were supported by strips of adhesive plaster, and a linen bandage extending from the ribs well down upon the thighs, and ice water dressings directed to be constantly applied. A full anodyne was administered, to be repeated as often as necessary to keep up its full influence. No untoward symptoms followed, the patient making a rapid recovery.

An abdominal supporter was applied when she was able to go about. In about six months the patient was able to resume her duties. A small ventral hernia resulted which was only annoying when the supporter was not carefully applied.

This case is remarkable in respect to the condition of the pulse; the entire escape from peritonitis; and the absence of the shock usually following so grave a lesion. There was never, at any time, much tenderness on pressure over the abdomen and little or no heat or dryness of the vulva. The amount of hæmorrhage, also, was very small, when the flaccid and partially contracted condition of the uterus is taken into account. The woman was very well developed, with a broad, roomy pelvis; and the necessity for craniotomy in the first two labors can only be accounted for by the presumption that the size of the children was enormous. The one removed by gastrotomy weighed nearly twelve pounds. Had the operation been performed at 1 A. M. instead of 11 A. M., the child, as well as the mother, might have been saved. The distance from town, however, the absence of surgical appliances and the want of competent assistants, precluded the possibility of earlier relief.

Medical Societies.

Proceedings of the Ohio State Medical Society.

Reported by E. B. STEVENS, M.D., Secretary

FIRST DAY.

WHITE SULPHUR SPRINGS, Tuesday, June 20, 1865.

Morning Session.—At 10 o'clock A. M., Dr. G. C. E. Weber, of Cleveland, President, called the Ohio State Medical Society to order, and in a few pertinent remarks welcomed the members present to this *Twentieth Annual Meeting*.

Vice Presidents, Kyle, of Xenia, and Metz, of Massillon, appeared and took their seats on the platform.

The Secretaries, Drs. E. B. Stevens and W. C. Hall, present.

Dr. Kyle, Chairman of the Executive Committee, presented

the following report which, after some slight amendment, was unanimously adopted:

1st. That all necessary arrangements have been made with Mr. Wilson for the accommodation of the Ohio State Medical Society, during its present session.

2d. That the Chairman of the Committee wrote to the officers of thirteen of the principal Railroad companies in the State, respectfully asking that persons attending the annual meeting of the Ohio State Medical Society might receive return tickets free; all of whom, except the "Sandusky, Dayton and Cincinnati Railroad Company," very respectfully declined to accede to the request of the Committee.

3d. That they recommend the adoption of the following order of business: The hours of meeting shall be 2 A. M. and 2 P. M.: 1. Reading the minutes; 2d. Report of Committee on Admissions; 3d. Valedictory of retiring President, unless otherwise ordered by the Society; 4th. Reports of Standing Committees; 5th. Reports of Special Committees; 6th. Miscellaneous business; 7th. Volunteer reports.

4th. And that candidates for the several offices shall be nominated in open society, and balloted for; and should no one on the first ballot receive the constitutional majority, (when there are three or more candidates,) the one who has received the smallest number of votes shall be dropped on each succeeding ballot, until a choice is made.

JOHN G. KYLE, *Chairman of Ex. Com.*

Vacancies in the Committee on Admissions were filled by the appointment of Drs. Kincaid, Mount and Gordon.

Vacancies on the Committee on Finance by the appointment of Drs. Russell, Mussey and Hyatt.

The Publishing Committee made the following report:

Two hundred and fifty copies of the Transactions were published at a cost of \$137.85.

E. B. STEVENS, *Chairman of Com.*

The Treasurer made his annual report, which on motion was referred to the Committee on Finance.

On motion of Dr. Landon, the members present are requested to record their names at the Secretary's table.

The Committee on Medical Societies report that Dr. Moore has presented regular credentials as a delegate from Union Medical Society, Columbiana County. Dr. Moore appeared and took his seat as a member of the Association.

The President called the Special Committees, and Dr Metz, on Ophthalmology, Dr. Kyle, on Amputations in Military Surgery, Dr. Hall, on Puerperal Convulsions, Dr. Stevens, on New Remedies, reported papers ready at the convenience of the Society.

Dr. Kinsman requested, through the Secretary, to be continued on the microscope, as he is unable to be present.

Dr. M. Dawson made a verbal report in regard to his report on Obituaries, and announced a partial report in readiness.

The Treasurer, Dr. J. B. Thompson, read to the Society the following letter from Dr. Maris, of Columbus.

COLUMBUS, OHIO, July 18th, 1864.

DR. J. B. THOMPSON.—*Dear Sir:* I have just received your bill as Treasurer of the Ohio State Medical Society for the sum of \$7.00, claimed to be due by me to the Society.

Not having been an attendant for some years upon the annual sessions of the Society, for reasons both private and justifiable, and having, therefore, been a participant in *no sense* of its proceedings or its benefits, I think the Society will agree to release me from the obligation (?)

Will you have the kindness at the next meeting, should our lives be spared, to have my name stricken from the roll of members, and if not unwilling, assign my reasons, as you know them, for declining payment of the account as presented.

The Medical Society having by its resolution endorsed the report of a packed committee, allowing its members through secret circulars to assail each other, *vile* report in the case of myself *versus* J. W. Hamilton, and that in terms of the most unblushing falsehood, left me no other alternative but to withdraw from the Association, with which I had been honorably connected from its foundation.

Should the Society, under the circumstances, insist upon the justice of the claim, I will cheerfully meet it and cancel the amount in full.

I am respectfully yours, GEO. W. MARIS, M.D.

The reading of this letter gave rise to a very general expression of indignation, the discussion of its merits being participated in by Drs. Landon, Mussey, Kincaid, McDermon and

others, and after various suggestions of expulsion, reference to Committee on Ethics, etc., on motion of Dr. McDermont, the matter was disposed of as follows:

Whereas, This Society has received a communication from Dr. G. W. Maris in regard to his indebtedness, and charging the Society with corruption and falsehood; therefore,

Resolved, That the claim against Dr. Maris is just.

Resolved, That he is hereby expelled from this Society.

Adopted unanimously.

Pending the adoption of this resolution, Dr. McBride requested permission from the Society to be excused from voting on these resolutions for social reasons. Society declined to grant the request.

Dr. B. B. Leonard, of Logan County, presented several specimens, with verbal explanations of their history. One a biliary calculus with facets on two opposing surfaces, indicating friction with other hard bodies. It was taken from an abscess over the region of the liver, but no other gall stones were present in the sac. The second, a large mulberry calculus, taken from the bladder of a boy, and a small calculus, subsequently removed from the urethra of the same patient.

Adjourned till 2 P. M.

Afternoon Session.—Vice President, Dr. Kyle, in the chair.

The Finance Committee presented the following report:

The Finance Committee beg leave to report, that the accounts of the Treasurer, Dr. J. B. Thompson, exhibit—

On hand from last year.....	\$ 79.80
Assessments.....	245.00
	<hr/>
	\$344.80
Amount disbursed as for vouchers.....	267.81
	<hr/>
Leaving in Treasurer's hands.....	76.99

We find the accounts correct.

The Committee recommend that fifty dollars (\$50) of the balance in the Treasury be appropriated for the purchase of a gold medal awarded to Dr. H. Culbertson, of Zanesville, in the year 1862.

Your Committee recommends that there be an assessment for the present year of two (\$2) dollars per member.

J. W. RUSSELL,	} Com.
S. G. SPEES,	
C. P. LANDON,	
E. HYATT,	
W. H. MUSSEY,	

Dr. John G. Holtston, of Zanesville, having some years ago removed to Washington City, his name was dropped from the Rolls of this Society. He has now returned to his old home in this State, and, on motion of Dr. Stevens,

Resolved, That the name of Dr. Holston be restored to our Rolls. Adopted.

Dr. Holston arose and briefly addressed the Society, expressing his great pleasure in resuming his intercourse and personal relations with his old friends of this body; and in fitting words alluding to the hardships many of those around him, in common with himself, had passed through in the conflicts of our country since we last met together.

Dr. Mussey called the attention of the Society to a matter which had been agitated in the recent meeting of the American Medical Association, namely the alleged mutual attendance of Secretary Seward and son by Surgeon-General Barnes, U.S.A., in conjunction with a notorious homœopath of Washington, Dr. Verdi. Dr. Mussey stated that the friends of Dr. Barnes denied the allegation, but as the statement had gone out to the world in the letters and proceedings of the homœopaths, he thought it due to the profession as well as to himself that Surgeon-General Barnes should set this matter right if it be without foundation. Dr. Mussey proceeded at some length to deprecate such flagrant violations of the ethics of our profession, and offered a resolution of censure to Surgeon-General Barnes. After some discussion, participated in by several members present, it was on motion agreed to lay the whole subject on the table temporarily, to make way for the paper of Dr. Metz, which he then proceeded to read, consisting of an interesting notice of some of the more recent points in Ophthalmological Science.

On motion, Dr. Metz's paper was referred to the Committee on Publication, with instructions to print.

Dr. Barr, Chairman of the Committee on Military Surgery, made a brief verbal report, explanatory of his inability to make a satisfactory report at the present time; his remarks, however, embracing an interesting summary of the points already partially developed in his investigations. At his request he was continued to report at a future time, and Surgeon N. Gay and Surgeon C. McDermont were added to the Committee.

Dr. Kinsman, at his request through the Secretary, was continued on the microscope for another year.

Dr. Kyle read a synopsis of his report on *Amputations in Military Surgery*, asking permission to fill up and elaborate his paper for publication.

The report gave rise to a very interesting discussion in which Drs. Mussey, Surgeon-General Barr, Dr. Kincaid, Surg. McDermont, Surgeon Gay, Dr. Kyle and Dr. Russell participated, and in which the relative value of primary and secondary operations was largely amplified, and many interesting statistics and incidents of field and hospital, given by these gentlemen. Dr. Gay, in connection with his remarks, made some valuable practical suggestions as to the best mode of performing resection.

On motion, the matter of alleged violation of ethics by Surgeon-General Barnes was taken from the table. The subject was discussed by Mussey, Weber and Mount, and on motion, the matter was referred to a special committee of three, to be appointed by the President.

The President appointed Drs. Mussey, Firestone and Mount that Committee.

Dr. M. Dawson offered the following:

Resolved, That in view of the advanced age and infirm health of Dr. G. W. Boerstler, who has long been an honorable member, and one of the presiding officers of this Society, he be and hereby is made an honorary member on the retired list.

Adopted.

On motion, adjourned till 9 o'clock Wednesday morning.

SECOND DAY.

Morning Session.—Dr. Kyle, Vice President, in the chair. The minutes of first day's proceedings read and approved.

Dr. Carey, of Columbiana County, made a brief report of his attendance on the American Medical Association, at its recent session at Boston; together with some remarks on the discussion of the Barnes-Verdi question as it came up at that meeting.

Dr. Barr read his report of members who have died in the service during the war; accompanied with some fitting tribute of respect to their memory.

On motion, the report referred to the Committee on Publication, with instructions to print.

The Committee on Ethics asked leave to read portions of letters from Dr. Gruwell, of Alliance, in regard to the action of the Society in his case of last year. To Dr. Carey he writes: . . . "I care not a groat for the findings of *that Committee!* to the contrary. A Committee refusing to hear *any testimony*, in my favor! and allowing their decision to be based solely on hearsay testimony against me, have in a great degree forfeited my respect and confidence, and also would in the eyes of an enlightened world. I deny the *truth* of the charges you preferred against me, both *oral* and *written*, and I now, as I did before the Ohio State Medical Society last year, *brand* them as malicious and slanderous falsehoods.' Your assertions and your proof were almost wholly confined to the words of mischief-making Dame Gossip; I doubt not often from bribery. The Committee to appease a '*chronic*' *diabolical spite* of one man, upon this evidence proposed my expulsion." . . .

A letter of a similar spirit was read as having been addressed by the same author to Dr. Robertson, of Hanoverton.

After some discussion, in which Drs. Kincaid, Thompson, Mussey, Kirtland, Carey, Gordon, McDermont, Stevens and Dawson, participated, it was, on motion of Dr. J. B. Thompson,

Resolved, That Dr. J. P. Gruwell be and hereby is expelled from this Society.

The Committee on Medical Societies report that a new Medical Society in Ashland County, known as the Ashland County Medical Society, has presented a copy of its Constitution, By-Laws, etc., and ask to be recognized as auxilliary to the State Medical Society. The Committee further report having examined these papers, and find them in accordance with the Regulations of the State Medical Society, and recommend that the Ashland County Medical Society be made auxilliary to the State Society.

Report adopted.

On motion of Dr. Dawson, the Society proceeded to the election of officers, with the following result:

President—B. S. BROWN, of Bellefontaine.

Vice-Presidents—W. H. MUSSEY, of Cincinnati; A. DUNLAP, of Springfield; R. L. SWEENEY, of Marion; E. HYATT, of Delaware.

Secretaries—E. B. STEVENS, of Cincinnati; W. C. HALL, of Fayetteville.

Treasurer—J. B. THOMPSON, of Columbus.

Committee on Admissions.—Drs. Kyle, Beeman, Spees and Gordon.

Drs. Kyle and Kincaid were appointed to wait on the President elect, and conduct him to the chair, and on being introduced by Dr. Kyle, he made a brief acknowledgment of his sense of the compliment conferred, and his gratitude for the courtesy.

Dr. Kincaid offered the following:

Whereas, Robert Thompson, M.D., of Columbus, is from age and disease unable to practice his profession; therefore,

Resolved, That his name be stricken from the list of contributing members, and be made an honorary member of this Society.

Adopted.

On motion, the address of the retiring President was made the order for 2 o'clock this afternoon, and the ladies were invited to be present.

Dr. Kyle, after some statements in regard to the accommo-

dations tendered this Society at Yellow Springs, offered the following:

Resolved, That when this Society adjourn, it adjourn to meet in 1866 at Yellow Springs. Lost.

On motion then of Dr. Landon, it was

Resolved, That this Society adjourn to meet again at the Ohio White Sulphur Springs on the third Tuesday of June, 1866.

Dr. W. H. Mussey offered the following:

Whereas, In the opinion of this Association, the Common School system of this State, as administered in the cities at least, is highly objectionable as bearing on the health, development and longevity of the scholars; therefore be it

Resolved, That a Committee be appointed of one member from each of the large cities, to investigate and report upon the system, showing

1st. Its requirements in length and character of studies; the time of study, in and out of school; and the time for recreation.

2d. The condition of health, development and longevity, as affected by it.

3d. Practical suggestions to remedy the evils.

Dr. Pierce, of Steubenville, read a report on the condition of the Incurably Insane in County Infirmaries; being the report of a Committee of the Jefferson County Medical Society on the condition of these unfortunate persons in that County, which by the action of that Society was referred to this State Society; the report closing with an urgent appeal for the establishment of a State Asylum for Incurables.

On motion, the paper was received with the thanks of this Society to the Jefferson County Medical Society, and on motion, the paper to be printed with the Transactions of the State Society.

After some discussion as to the best mode of bringing this matter before the Legislature, with a view to carrying out the recommendations of the Jefferson County Society, it was on motion laid on the table for the present to make way for an adjournment.

Afternoon Session.—The President, Dr. Brown, in the chair. It being the regular order, the retiring President, Dr. Weber

proceeded to deliver his Valedictory Address, which afforded the Society a great deal of gratification, being able and fitted to the occasion.

The Address was referred to the Committee on Publication, with instructions to print.

The Treasurer read a communication from Dr. Baker, formerly editor of the *Medical and Surgical News*, containing a bill for \$15.00, for announcing meetings of the State Society. After considerable humorous discussion on the subject, the claim was referred to the Committee on Finance.

In the absence of Dr. Dawson, Dr. Hyatt read the report on Obituaries, consisting of notices of Drs. Lawson and Gans, of Cincinnati, and Mitchell, of Mansfield.

Referred to Committee on Publication, with instructions to print.

Dr. Hall read his paper on Puerperal Convulsions, containing a very complete review of the whole subject.

Referred to the Publishing Committee to print.

The Committee on Medical Societies presented the certificates of Drs. Dunlap and Rodgers, as delegates from the Clark County Medical Society.

Dr. Stevens read a paper entitled Observations on Blood Diseases, which on motion was referred to the Publishing Committee with instructions to print; pending which motion, Dr. Scott made some remarks endorsing the views of the paper.

Surgeon N. Gay, U.S.V., proceeded to address the Society on the subject of *Amputations*. To make his views clear he gave a diagram, and accompanied with explanations of the irregular contractions of muscular fibre in the flap operation. He also exhibited the form of knife he preferred in operating, consisting of a short, stout scalpel. In connection with his remarks, Dr. Gay made several suggestions as to the best mode of overcoming contractions of muscle and skin.

Dr. Mussey made some extended remarks touching the best modes of operating, and detailed with minuteness the best means of counteracting the tendency to irregular retraction. Dr. Mussey also made some suggestions as to the degree of

care which should be observed in preparing the bone stump to prevent exfoliation ; expressed his opinion of the importance of carefully dissecting down the periosteum and giving the bone a beveled terminus. These suggestions gave rise to an interesting discussion, participated in by Drs. Kincaid, Russell, Gay and Mussey.

Evening Session.—Dr. Brown, President, in the chair.

Dr. Sweeney made an apologetic statement for his failure to report on Cerebro-Spinal Meningitis, saying that the disease disappeared from his vicinity about the time of his appointment, and he had not had the opportunities for observing the disease requisite for a creditable paper.

Dr. Sweeney was excused, and on motion, the subject was taken up for present discussion and interchange of experience and opinions.

Dr. Scott remarked that his experience was limited, but proceeded to narrate the peculiar appearance of a small group of cases which had come under his care, together with the embarrassments which he had experienced as to treatment. Gave also some interesting particulars as to the features of an epidemic at Groveport and Lithopolis in his vicinity. He advocated the tartar emetic and opium treatment, and claimed decided success with these remedies in his hands. He also used blisters to the scalp and cold applications to the head. He thought the conditions of many who actually recover from this disease so deplorable as to make it really pitiable that they did not die.

Dr. Wirth gave an interesting account of the post-mortem examination of four adult cases of this disease. Said in all of these cases there was a remarkably fluid and disorganized state of the blood, a congested condition of the corticle portion of the brain substance with serous fluid in the ventricles and arachnoid space.

Dr. Beeman had seen one of the cases detailed by Dr. Wirth, and made some additional remarks on the case. He also alluded to the prevalence of an epidemic disease in the borders of Shelby and Champaign Counties, in which he thought there was a community of feature with Cerebro-

Spinal Meningitis, though different in some respects; he thought this epidemic rather a malignant erysipelas.

Some other gentlemen took part in the discussion in a conversational manner, and finally the Society adjourned until 8 o'clock to-morrow morning.

THIRD DAY.

8 o'clock A. M.—The President, Dr. Brown, in the chair. The minutes of yesterday read and approved.

Dr. Sweeney, of Marion, read a paper reporting the history of three cases of *Inverted Uterus*, successfully treated. Referred to the Committee on Publication.

Dr. Mount presented the specimen of an interesting and rare case of fracture of the head of the tibia, together with the history of the injury; the case occurring in the practice of Dr. D. P. Smedley, of Hamilton County; the case having been reported in full in the *Lancet and Observer*, in the number for April, 1862.

On motion, the thanks of the Society were tendered to Dr. Smedley, through Dr. Mount.

The Committee on Finance report as follows in the matter of the claim of Dr. Baker referred on yesterday.

Your Committee on Finance respectfully report that the bill of \$15.00 against the Ohio State Medical Society is not legitimate, or in accordance with the usage of respectable medical journals for advertising notices of annual meetings of said Society. We therefore suggest and advise that Dr. A. H. Baker be duly notified that in the opinion of this Society he has no just claim, and that the Treasurer so inform him.

S. J. SPEES,	}	Finance Com.
J. W. RUSSELL,		
R. L. SWEENEY,		

On motion, the report of the Jefferson County Medical Society in regard to the Incurably Insane, was taken up for further consideration.

Dr. Pierce offered the following:

Whereas, a report from the Jefferson County Medical Society of this State, giving a description of the deplorable condition and most inhuman treatment of the Incurably Insane

in the Prison of the Jefferson County Infirmary, has been approved, and as there is good reason to believe that in many other Counties of the State the treatment of this class of persons is the same in kind if not in degree; therefore,

Resolved, That a Committee be appointed by this Society with instructions to memorialize and present to our State Legislature at its next session some plan for the establishment of a State Lunatic Asylum for Incurables, that shall amply provide for this much neglected and abused class of persons, asking its immediate and efficient action in their behalf.

Adopted, and Drs. Pierce, of Steubenville, Mount, of Cincinnati, and Brown, of Bellefontaine, were constituted the Committee.

Dr. Davis moved that this Committee have power to appoint sub-committees throughout the State to collect statistics and information bearing on this subject, for the benefit of the general Committee. Adopted.

Dr. Davis also in this connection called attention to the especially deplorable condition of the *Colored Insane* in our State; and moved that this Committee also be requested to embrace in their labors an inquiry into this matter. Adopted.

Dr. Kirtland offered the following:

Resolved, That the attention of the members of the Medical profession who have participated in the late great contest be invited to the importance of carefully preserving for future reference all manuscript diaries, memorandums, and histories of medical, surgical, military and political experiences of the past four years.

Pending the consideration of this resolution, Dr. Kirtland proceeded to make some interesting remarks, illustrating his idea by an historical reminiscence of shipwrecks, or (batteaux wrecks) on the shores of Lake Erie in 1763, and exhibited the old rusty blade of what must have been the amputating knife of the surgeon of one of those vessels. Dr. Kirtland's resolution adopted.

On motion of Dr. Hall, it was resolved that in the event of any failure to suitably accommodate this Society at this place next year, the Executive Committee be authorized to make arrangements for meeting at Yellow Springs.

On motion, the Secretary was authorized to advertise members of our next annual meeting by circular.

Dr. Davis called attention to the matter of popular advertising of quack and indecent nostrums, and to the fact that a newspaper recently established at Chicago, the *Chicago Republican*, had taken its stand against the admission of such advertising matter in its columns; and on motion it was

Resolved, That the thanks of this Society be tendered to the editor and proprietor of the *Chicago Republican* for the honorable position he has taken in this matter.

On motion of *Dr. Landon*, it was

Resolved, That the Ohio State Medical Society express its high appreciation of the character of our late lamented President, Abraham Lincoln, and that we revere, and hold in grateful remembrance his determined maintenance of true science and of the regular profession of medicine of the country.

On motion of *Dr. Spees*, the thanks of this Society were tendered *Andrew Wilson, Esq.*, for the courtesies which the members in attendance at this meeting have uniformly received from him.

On motion of *Dr. Kincaid*, the thanks of the Society were voted the retiring officers of the Society for the satisfactory manner in which they have performed their duties.

During the sessions of the Society, the names of the following persons were recommended by the Committee on Admissions, as suitable persons to become members of the Ohio State Medical Society, and were severally elected: *H. J. Herrick*, of Cleveland, *Thomas S. Clason*, of Bellefontaine, *Edwin Hadley*, of Harveysburg, *Wm. B. Davis*, of Cincinnati, *R. Wirth*, of Sidney, *Wm. Moore*, of Elkton, *Wm. A. Brown*, of McConnellsville, *Wm. Reed*, of Iberia, *W. H. Wilson*, of Greenfield, *R. N. McConnell*, of Upper Sandusky, *R. A. Henderson* of Upper Sandusky, *A. S. Weatherby*, of Cardington, *J. S. Combs*, of Owensville, *S. McElwee*, of Newcastle, *C. S. Leonard*, of Ravenna, and *J. M. Weaver*, of Springfield.

The President announced the following committees for the ensuing year:

STANDING COMMITTEES.

Executive.—J. G. Kyle, E. Hyatt, John B. Thompson, H. S. Conklin, S. J. Spees.

Finance.—R. L. Sweeney, A. Carey, J. H. Rodgers, J. W. Russell, C. P. Landon.

Publication.—E. B. Stevens, W. C. Hall, J. B. Thompson, W. B. Davis, W. H. Mussey.

Medical Ethics.—A. Metz, W. C. Hall, A. Dunlap, A. G. Stevenson, B. B. Leonard.

Medical Societies.—P. Beeman, J. G. Rodgers, Thomas S. Clason, I. A. Coons, C. McDermont.

SPECIAL COMMITTEES.

The Microscope—its applications to Practical Medicine.—D. W. Kinsman.

Military Surgery.—R. N. Barr, C. McDermont, N. Gay.

Therapeutics of Zymotic Diseases.—E. B. Stevens.

Oostetrics.—Thad. A. Reamy.

Special Uterine Diseases.—W. C. Hall.

Diseases of the Eye.—E. Williams.

Surgery.—N. Dalton.

Obituaries.—W. P. Kincaid.

System of Public School Instruction.—W. B. Davis, Cincinnati; The. Sterling, Cleveland; Thad. A. Reamy, Zanesville; J. C. Reeve, Dayton; R. M. Denig, Columbus; A. Dunlap, Springfield.

Delegates to Indiana State Medical Society.—A. Dunlap, E. B. Stevens, J. W. Russell.

Delegates to American Medical Association at Baltimore, 1866.—The List for 1865 renewed.

The Ohio State Society then adjourned to meet at White Sulphur Springs on the third Tuesday of June, 1866.

BENJ. STANTON BROWN, *President*.

E. B. STEVENS, }
W. C. HALL, } *Secretaries.*

Proceedings of the American Medical Association.**SIXTEENTH ANNUAL CONVENTION.****FIRST DAY.**

The American Medical Association began its sixteenth annual convention at the State House, Boston, in the Hall of the House of Representatives, on Tuesday, the 6th inst. A large number of delegates and members were present, occupying the entire floor of the hall, while the galleries were occupied by spectators. The officers of the Convention were as follows:

President—N. S. DAVIS, M.D., of Illinois.

Vice Presidents—WM. H. MUSSEY, M.D., of Ohio; WORTHINGTON HOOKER, M.D., of Connecticut; WILLIAM WHELAN, M.D., of District of Columbia; J. E. B. HEINTZE, M.D., of Maryland.

Secretary—WILLIAM B. ATKINSON, M.D., of Philadelphia.

Assistant Secretary—HORATIO R. STORER, M.D., of Boston.

Treasurer—CASPAR WISTER, M.D., of Philadelphia.

Considerable time was occupied in the registration of the names of delegates, under the direction of Dr. J. N. Borland, of the Committee of Arrangements.

At half past 10 o'clock, the Convention was called to order, and prayer was offered by Rev. Dr. Lothrop, after which Dr. Henry J. Bigelow, of this city, delivered the address of welcome.

At the close of Dr. Bigelow's address, the roll of registered members was read by the Secretary.

It was voted that names of persons desiring election as permanent members, on presenting the proper credentials, be handed to the Committee of Arrangements, to be hereafter reported upon.

Communications from absent members were received.

The President then proceeded to deliver the annual address, which was received with marked approbation, and at its close the thanks of the Association were voted to Dr. Davis, and a copy of it was requested for publication.

The President read a communication from Mayor Lincoln inviting the members of the Association to an excursion down,

the harbor of Boston to-morrow. It was unanimously voted to accept the invitation.

Papers and reports from special committees appointed or continued at the last session, being next in order, were called for, and the following were presented.

On Insanity—Report by Dr. H. R. Storer, of Boston. Referred to the Section on Practical Medicine and Obstetrics.

On the Relations of Electricity to the Causes of Disease—Paper from Dr. Littell, of Pennsylvania. Referred to the Section on Practical Medicine and Obstetrics.

On Climatology and Epidemic Diseases of California—Reports by Drs. Logan, of California, and B. H. Catlin, of Connecticut. Referred to the Section on Meteorology and Epidemics.

On Alcohol and its Relations to Man—Report by Dr. G. E. Morgan, of New York. Referred to the Section on Practical Medicine and Obstetrics.

On Autopsies and their Relations to Medical Jurisprudence—Report by Dr. T. C. Finnell, of New York. Referred to the Section on Medical Jurisprudence.

On the Introduction of Disease by Commerce, and the Means of its Prevention—Report of Dr. A. N. Bell, of Brooklyn, New York. Referred to the Section embracing Hygiene.

On Excisions and their Relation to Conservative Surgery—Papers by Dr. Tewksbury, of Iowa, and Dr. Lyon. Referred to the Section on Surgery.

On Specialists and Specialties—The Committee were requested to report on Wednesday morning at 9 o'clock.

On the Rank of Medical Corps in the Army—Report by Dr. Tripler, U.S.A. Referred to the general session of Wednesday.

On the Rank of Medical Corps in the Navy—Report by Drs. Anderson, of New York, and others. Referred to the general session of Wednesday.

On Smallpox—Papers by Drs. Ramsey, of New York, and Ne-binger, of Philadelphia. Referred to the Section on Hygiene.

Volunteer communications were now called for, and the following papers were presented:

On Ophthalmology—By Dr. Williams, of Cincinnati. Referred to the Section on Surgery.

Extraction of Foreign Bodies from the Ear and Nose—By Dr. Turnbull, of Philadelphia. Referred to the Section on Surgery.

On Staphyloraphy—By Dr. J. Mason Warren, of Boston. To be read at 3 o'clock p. m., on the 7th, at the Medical College.

On Surgery—By Dr. Henry J. Bigelow, of Boston. To be read at the Medical College at 4 p. m., of the 7th.

On the Functions of the Nerves of Sensation and Motion—By Dr. Haskell, of Rockport. Referred to the Section on Anatomy and Physiology.

On Dislocations of the Clavicle—By Dr. Holton. Referred to the Section on Surgery.

The Report on Specialties and Specialists, by Dr. Homberger, of New York, was assigned for consideration in general session at 9 o'clock on the 8th.

Eight o'clock was fixed as the hour for beginning the morning sessions of the Convention.

Dr. W. Marsden, President of the College of Physicians and Surgeons of Lower Canada, was introduced, and made a brief address.

It was voted that a Committee to nominate officers, consisting of one from each State, be appointed by the various delegations.

The chair announced that the Sections of the Association would meet in their assigned rooms at 3 o'clock p. m.

At fifteen minutes before 2 o'clock the Convention adjourned.

In the afternoon the several sections organized by the choice of chairman and secretaries, and proceeded to the consideration of the reports and papers referred to them.

Soiree and Promenade Concert at the Music Hall.—In the evening the members of the Convention attended a soiree at the Music Hall, tendered to them by their professional brethren of Boston, and a few hours were most agreeably spent in social intercourse. The music on this occasion was furnished by Gilmore's full band, and by Mr. J. B. Lang, who exhibited

the great power and beauty of the organ in his usual unsurpassed style. Many ladies graced the occasion with their presence. At 10 o'clock an elegant collation was served.

SECOND DAY.

The second day's session of the Association was opened at 8-20, A. M., by the President, Dr. N. S. Davis, of Chicago. The names of the gentlemen chosen to nominate officers were reported as follows:

Maine—Thomas A. Foster; New Hampshire—George D. Twitchell, of Keene; Vermont—H. D. Holton; Massachusetts—A. A. Gould; Rhode Island—S. Clapp; Connecticut—Elisha B. Nye; New York—D. W. C. Enos; New Jersey—Ezra M. Hunt; Pennsylvania—Dr. Mayburry; Delaware—Jas. Couper; Maryland—Dr. Kenneman; Ohio—S. O. Almy; District of Columbia—J. M. Toner; Indiana—J. F. Hibberd; Illinois—John Bartlett; Missouri—J. S. B. Alleyn; Iowa—W. F. Peck; United States Army—J. J. Woodward; United States Navy—T. L. Smith; Michigan—H. A. Hitchcock.

Dr. Cox, of Maryland, with a few preliminary remarks, offered the following preamble and resolution, which, he said, demanded the prompt action of the Association:

Whereas, Montrose A. Pallen, whose name appears in the register as a permanent member of this Association, has been proved to have been in complicity with an attempt to poison the Croton dam, by which the city of New York is supplied with drinking water—thus imperilling the lives of thousands of his fellow citizens, therefore

Resolved, That the said Montrose A. Pallen has disgraced his manhood and the humane profession of which he is an unworthy member; that he is hereby dishonorably discharged from this Association; that the Secretary be required to strike his name from the roll of members, and that he shall never hereafter be eligible to membership in the American Medical Association.

Dr. Cox supported the resolution with a few forcible remarks. He said that to be arrayed in rebellion against the government of the United States, either by sympathy with the insurgents, or open, active co-operation, is a crime, the extent of which can scarcely be estimated; but when is added

to this the wholesale destruction of thousands of innocent people, men, women and children, by a mode unrecognized by any theory of modern warfare, and tolerated only in conditions of extreme barbarism, no repentance can wipe out the hellish enormity or admit of restoration to public confidence and respect. Dr. Montrose A. Pallen was a physician. In that title the world has been accustomed to embrace all that is benevolent and humane. When every other epithet of admiration had been exhausted in the case of one of the Saviour's disciples, he was called the "Good Physician." We have had since the days of Luke, thank God, thousands of the noblest examples of the healing art. When Desgenettes, the great French surgeon, was ordered by Bonaparte to destroy the plague patients of Jaffa by administering opium, he replied, "Sire, my business is to cure men, not to kill them." Pallen without being ordered by a superior, volunteered the advice to destroy thousands by poisoning the common element of life in a populous city. Desgenettes deserves to be canonized in grateful remembrance through all ages to come—Pallen, to be pilloried in eternal infamy and disgrace.

The remarks of Dr. Cox were frequently interrupted by applause. The resolution was fully discussed, and several amendments proposed. A motion of Dr. Toner, of Washington, to postpone all action upon the resolution for one year, called forth a spirited debate, in which Drs. Loomis, of Washington, Dewitt, of New York, Martin, of Worcester, Mayburry, of Pennsylvania, Curry, of Westchester, Cox, of Maryland, and others, took part. Dr. Mayburry moved an amendment to the motion to postpone, so that the resolution might be referred to a special committee for consideration, to report on Thursday. The question then recurring on the original resolution, further discussion was had and several amendments were again proposed. The resolution, with several amendments, as finally adopted with a few dissenting voices, reads:

Whereas, Montrose A. Pallen, whose name appears upon the register as a permanent member of this Association, has been declared, under oath, before the military commission sitting at Washington at this date, to have been in complicity

with an attempt to poison the Croton Reservoir, by which the city of New York is supplied with drinking water—thus imperilling the lives of thousands of his fellow-citizens, therefore

Resolved, That the said Montrose A. Pallen has disgraced his manhood and the humane profession of which he is an unworthy member—that he is hereby indignantly expelled from this body—that the Secretary be required to strike his name from the roll of members.

It was voted that the final meeting of the Association shall begin on Friday morning at 9 o'clock.

A series of resolutions, offered by Dr. Garrison, of New York, of respect to the memory of the late Dr. Valentine Mott, were adopted by the Society.

On motion of Dr. Catlin, of Connecticut, a Committee was appointed to prepare suitable resolutions on the death of Dr. Jonathan Knight, Dr. Benjamin Silliman, and Dr. Charles Hooker.

Reports and papers from Special and other Committees were next in order, and the following were presented ;

On the Rank of Medical Corps in the Army—Report by Dr. Tripler, U.S.A. Accepted and adopted. On motion of Dr. Cox, of Maryland, a resolution was adopted that the committee be continued, and that each member of this Association use his personal efforts with members of Congress to secure a more elevated grade for the entire medical corps in the Army.

On motion, it was voted that the report of the committee and the subject discussed therein be presented to the next Congress by the President of this Association.

On the Rank of Medical Corps in the Navy—Reported by Dr. James Anderson, of New York, read by the Secretary. Accepted and adopted.

On motion, it was resolved that the committee be continued, and that the same course be taken with this report by the President as was voted to be taken with the report from the Medical Corps in the Army.

The report of the Committee on Publication was submitted by Dr. F. G. Smith. Appended to the report was a resolution authorizing the Committee to assess each member such addi-

tional sum as will enable them to defray the expense of publishing the forthcoming report, provided the amount in the hands of the Treasurer shall prove to be insufficient for the purpose. A protracted discussion followed upon the acceptance and adoption of the report, with the resolution as submitted. A motion to amend, limiting the assessment to one dollar, was lost; also a resolution offered as a substitute for the original resolution. Subsequently, the resolution as reported was adopted, with an amendment changing the word "assess" to "invite" to contribute.

The report of the Committee on Prize Essays was submitted by Dr. D. H. Storer, of Boston. It was announced that a prize had been awarded to the author of the dissertation on the "Surgical Treatment of Morbid Growths in the Larynx," bearing the motto "*quod vidi scripsi.*" On opening the envelope bearing the corresponding inscription, the author was announced to be Dr. Louis Elsberg, of New York.

The premium offered at the last annual meeting for "the best short and comprehensive tract calculated for circulation among females," on Criminal Abortions, was awarded to Dr. H. R. Storer, of Boston.

The Report on Medical Education was submitted by Dr. Antisell. Referred to the Committee on Publication.

The Report of the Treasurer was submitted, showing the amount in the treasury to be \$301.95.

A paper on "Compulsory Vaccination" was referred to the Committee on Medical Jurisprudence.

The report of the Committee on Revision of the Constitution was submitted by the President of the Association, Dr. Parsons occupying the chair temporarily. The report was accepted and adopted, and the thanks of the Association were voted to the Committee for the satisfactory manner in which they had discharged their duty.

The report of the Committee on Necrology was submitted without reading, and referred to the Committee on Publication.

During the session, the Secretary read the following names of gentlemen offered as candidates for election for permanent membership, reported by the Committee of Arrangements.

Dr. O. H. Bradley, East Jaffrey, N. H., nominated by Dr. L. E. Simonds, Saxton's River, Vt.

Dr. F. Winsor, Winchester, Mass., and Dr. Ed. D. G. Smith, U.S.N., nominated by Dr. L. A. Smith.

Dr. R. H. King, Wolfsboro', Carroll Co., N. H., nominated by Dr. David T. Parker, Farmington, N. H.

Dr. Alba Kemp, New Salem, Mass., nominated by Dr. Ed. Barton, Orange, Mass.

Dr. C. D. Bemis, nominated by Dr. D. H. Storer.

Dr. Dryden Smith, Biddeford, Me., and Dr. John L. Allen, Sacco, Me., nominated by Dr. E. P. Munroe, President of Maine Medical Association.

Dr. John Yale, Mass., Dr. David W. Miner, Ware, Mass., and Dr. J. W. Winslow, East Hampton, Mass., nominated by Dr. Martin, of Worcester.

Dr. Benjamin J. Mann, Roxbury, Mass., nominated by Dr. J. L. Miller, Pittsfield.

Dr. J. H. Waterman, Westfield, Mass., nominated by Dr. Orcutt, Hardwick, Mass.

Dr. J. H. Longenecker, nominated by Dr. Thomas Antisell, Surgeon Vols.

Dr. J. S. Lombard, Boston, Dr. J. Q. O. McCollster, S. Grotton, Mass., and Dr. George Jewett, Fitchburg, Mass., nominated by Drs. Hitchcock and Dale.

Dr. E. W. Sargent, W. Tennessee, Dr. Edwin Segar, Springfield, Mass., Dr. Jefferson Church, Springfield, Mass., and Dr. Alexander S. McLean, Springfield, Mass., nominated by Dr. Worthington Hooker.

Dr. Samuel S. Webber, Boston, and Dr. J. B. Gould, Templeton, Mass., nominated by Dr. J. N. Borland.

Dr. Silas B. Presby, Taunton, Mass., nominated by Dr. J. R. Bronson.

The Nominating Committee reported a resolution that the several sections shall select the subjects germane to their organizations, and also appoint the committees thereon.

A communication was received from Surgeon-General Dale, acknowledging, in behalf of his Excellency the Governor, the receipt of an invitation to attend the meetings of the Associa-

tion, regretting his inability to be present. The communication paid a high compliment to the dignified character and importance of the Association, acknowledging the patriotic sacrifices of the profession during the rebellion, and trusted that the sessions of the Association would result in the advancement of the interests of medical science.

The Committee of Arrangements announced that Judge Warren, President of the Providence Railroad, had offered for the use of the Association a special train to Readville, for the purpose of visiting the military hospital there, at any hour that they might desire to use. Also that the Superintendent of the Boston public schools had caused volumes of the recent report to be sent to the State House to be distributed to such gentlemen as might wish them.

Dr. Toner, of Washington, offered an amendment to the constitution, that delegates on registering their names shall pay the sum of \$5.00, and permanent members, \$3.00. The amendment, according to the Constitution, lies over until next year.

The Committee on Nominations, through their chairman, reported that they had decided upon Cincinnati, Ohio, as the next place of meeting of the Association. Dr. Cox, of Maryland, offered an amendment substituting Baltimore, Md., for Cincinnati, Ohio. A spirited debate followed, and at length the motion to amend was carried, and Baltimore decided upon as the next place of meeting.

A committee was appointed to draw up a series of resolutions on the death of Dr. S. D. Willard, late Secretary of the New York State Medical Society, and also to prepare a short biographical sketch of his life, both to be submitted to the Committee on Necrology.

A communication was received from Dr. Gross, Surgeon in charge of the military hospital at Readville, inviting the Association to visit Readville by special train Thursday forenoon at 9 o'clock.

Social Entertainments in the Evening.—Dr. J. Bigelow, Dr. D. H. Storer, Dr. Warren, Dr. Shattuck, Drs. Dix and H. R. Storer, Dr. H. J. Bigelow, Dr. Upham, and Dr. Williams

entertained the gentlemen of the Association, with their ladies, in an elegant and generous manner. Music, vocal and instrumental, charmed the ears of the guests, and every effort was made to make the evening agreeable and pleasant.

The residences of the gentlemen named above were visited during the latter part of the evening by Gilmore's Band, and serenaded in honor of their guests.

THIRD DAY.

The Convention was called to order at 8 $\frac{1}{4}$ A. M., by the President.

On motion of Dr. Burns, of Pennsylvania, a resolution was adopted requesting the sections or committees to which papers had been referred, to use special judgment and discretion in assigning such papers to the sections to which they properly belong, and in selecting such as they may consider worthy of publication.

On motion of Dr. Mayburry, of Pennsylvania, it was

Resolved, That the Permanent Secretary be instructed to prefix to the List of Officers and Permanent Members, a list of the Ex-Presidents and Ex-Vice-Presidents of the Association.

Dr. Jarvis, of Dorchester, inquired concerning the functions of the Committee on Publication. A discussion on this question followed, in which the President, Drs. Jarvis, Sayre of New York, Tripler and Hillard participated. By a vote of 45 to 37, a resolution was adopted giving the committee discriminating power.

On motion of Dr. Jarvis, of Dorchester, it was voted to establish a section on Psychology.

Dr. Garrish, of New York, moved that a section on Ophthalmic medicine be established.

Dr. Twitchell, of New Hampshire, favored it. Dr. Williams, of Cincinnati, also favored the establishment of such a section, as there was need for thorough investigation of a science which had in the past ten years become as it were new, all the old landmarks having been swept away. The motion was

opposed by Dr. Burns, of Pennsylvania, Dr. A. H. Stevens, of New York, and others. It was finally rejected.

On motion of Dr. Hibberd, of Indiana, the section on Anatomy and Physiology was abolished, the subject of Anatomy being assigned to the surgical section, and that of Physiology to the section on Hygiene.

A resolution was offered by Dr. Couper, of Delaware, and read by Dr. Tripler, of the United States Army, that this Society send a delegate annually to the Convention of Medical Superintendents of Insane establishments, and that efforts be made to cause a more intimate relation between the two organizations; the delegate to be selected by the President. Amendments to the Constitution to be acted upon at the next annual meeting were offered in relation to permanent members, delegates from local societies, and members by invitation.

The Committee on Nomination reported that the time of the next meeting shall be in June, and submitted the following list of officers:

President—Dr. D. H. Storer, of Massachusetts; Vice-Presidents—Drs. James F. Hibberd, of Indiana; S. O. Almy, of Ohio; T. C. Dunn, of Rhode Island; W. P. Johnson, of the District of Columbia; Assistant Secretary—Dr. J. E. Morgan, of Maryland.

Committee on Arrangements—Drs. C. C. Cox, W. C. Van Bibler, Franklin Donelson, L. H. Steiner, George G. Miltenberger, William Whitridge, J. E. Morgan, all of Baltimore.

Committee on Publication—Drs. F. G. Smith, of Pennsylvania; H. F. Askew, of Delaware; William Mayburry, of Pennsylvania; W. B. Atkinson, of Pennsylvania; H. R. Storer, of Massachusetts; Caspar Wister, of Pennsylvania.

Committee on Prize Essays—Drs. Austin Flint, senior, Jas R. Wood, Ellsworth Elliot, E. Krackowitzer, D. C. Enos, all of New York.

Committee on Medical Education—Drs. S. D. Gross, of Pennsylvania; G. P. Twitchell, of New Hampshire; C. A. Pope, of Missouri; O. W. Holmes, of Massachusetts; Grafton Tyler, of District of Columbia.

Medical Literature (present committee continued over)—

Dr. Charles A. Lee, of New York; T. F. Rochester, of New York; C. C. Cox, of Maryland; Albert Smith, of New Hampshire; A. Nebinger, of Pennsylvania.

Committee on American Necrology—Drs. C. C. Cox, of Maryland; E. B. Stevens, of Ohio; W. F. Peck, of Iowa; H. Van Dusen, of Wisconsin; Noble Young, of the District of Columbia; Josiah Simpson, of the United States Army; J. C. Weston, of Maine; Henry Bronson, of Connecticut; Henry Noble, of Illinois; Charles Eversfield, of the United States Navy; Wm. B. Fletcher, of Indiana; I. C. Hupp, of Western Virginia; J. Mauran, of Rhode Island; William K. Bowling, of Tennessee; J. P. Fitch, of New Hampshire; Jas. Couper, of Delaware; W. L. Linton, of Missouri; Charles L. Allen, of Vermont; H. G. Clark, of Massachusetts; J. H. Griscom, of New York; E. M. Moore, of New York; Charles A. Logan, of Kansas; Wm. B. Little, of California; Stuart, of Minnesota; Henry Miller, of Kentucky; S. G. Armor, of Michigan; Wm. Pierson, of New York; Fleming, of Pennsylvania; E. Wallace, of Pennsylvania.

The report was adopted as a whole, with the exception of the time of holding the next annual meeting. It was voted to meet on the first Tuesday in May, 1866, instead of June.

Dr. Allen, of New York, with a few explanatory remarks, moved that the vote adopting the resolution expelling Dr. Pallen be reconsidered. A sharp discussion ensued, and the vote being taken, the result was doubted. The yeas and nays were then called for by Dr. Sayre, of New York, so that the names of the gentlemen might appear on the record. The question being put, "Shall the yeas and nays be taken," was lost. A standing vote was taken, and the motion to reconsider was also lost.

Dr. Hooker, of Connecticut, from a special committee, reported the following resolutions on the death of Dr. Knight, Dr. Charles Hooker and Dr. Benjamin Silliman, all of Connecticut. The report was accepted and the resolutions adopted.

Resolved, That in the death of Dr. Jonathan Knight, twice a President of this Association, the duties of which office he discharged with extraordinary ability, the Medical Profession

has lost one of its brightest ornaments ; an eminent Surgeon who was conservative in the true sense of that term ; a teacher, who by his transparent clearness and terse eloquence, unsurpassed among medical men in this country, exerted through fifty years a wide influence upon the character of the American medical mind ; a Christian gentleman, whose genial qualities won for him to an extent seldom witnessed, the affections not only of intimate friends, but of all those who knew him

Resolved, That in lamenting the sudden departure from this life of Dr. Charles Hooker at the height of his usefulness, we cherish the memory of one whose independent mind, restless activity of Christian faithfulness obtained for him great eminence, both as a physician and a teacher of medicine ; and we call to mind with special pleasure his earnest devotion from the outset to the interests of this Association.

Resolved, That we revere the memory of Professor Benjamin Silliman, who as a leader in the diffusion of science in this country, and in other countries also, was one of the great benefactors of the race, and who by his urbanity, kindness of heart, and cheerful piety, enhanced to an uncommon degree his influence upon the community as a man of science.

Dr. Furman, of New York, presented resolutions adopted by the State Medical Society of New York, and referred to the National Medical Society, against newspaper advertising, except merely the card of the physician. The resolutions were laid on the table, to be taken up after the reading of the report of the committee on specialties and specialists, which was specially assigned for this time.

Dr. Julius Homberger, of New York, chairman of the committee on specialties and specialists, presented an elaborate individual report favoring advertising by specialists and opposing the same course by general practitioners. The report was laid upon the table for the present, and a second report was submitted by Dr. H. R. Storer, of Boston, also a member of the committee, defending specialists, placing them in a high position. He presented strong arguments concerning the benefits and advantages of special investigations both to practitioner and patient.

Dr. D. Humphreys Storer spoke concerning a passage in the report relating to himself, denying that he was ever a specialist, though he did not object to any person being a specialist

Dr. H. R. Storer in reply defended his own ground. This report was also laid upon the table, temporarily.

Dr. W. Hooker, of Connecticut, another member of the committee, reported that he had not had sufficient time to investigate the report of Dr. Homberger, and therefore could not give an opinion concerning it. With the report of Dr. H. R. Storer he could not entirely agree, especially in that part of the report which referred to specialists as the leaders of the profession.

The reports were then taken from the table for consideration.

Dr. Martin made a motion that the reports be referred back to the committee for consideration another year, and supported his motion at some length.

Dr. Bissell, of New York, moved to amend the previous motion, and moved that the reports be referred to the Committee on Medical Ethics.

Dr. Toner, of Washington, criticized the reports in a severe manner.

Dr. Homberger, of New York, defended his position, and stated as a reason why he did not send his report to the other members of the committee at an earlier date, that he knew they would not agree with him and would not sign it. His remarks were not received very favorably by the members.

Dr. Mayburry, of Pennsylvania, favored strongly the referring of the reports to the Committee on Medical Ethics.

The question was then taken on referring the reports to the Committee on Ethics, and decided in the affirmative. On motion of Dr. Twitchell, of New Hampshire, the Committee on Ethics was instructed to report some definite action on this subject.

The Convention adjourned at half past twelve o'clock.

The Excursion down the Harbor.—The gentlemen of the Association, immediately after the adjournment of the business meeting at the State House, proceeded in a body to Commercial wharf, where they embarked in steamers Rose Standish and Russia for the purpose of taking an excursion down the harbor by invitation of the City Council. On board of the Rose Standish, besides the members of the Medical Society

were His Honor the Mayor, and several members of the City Council, part of the Committee of Arrangements, Chief of Police Kurtz, a number of invited guests, and Gilmore's full military band in their new uniform. On the *Russia* the Brigade Band was stationed. The party on both steamers numbered nearly, if not quite, one thousand people.

The two steamers proceeded down the channel side by side. As the party passed the revenue cutter *Pawtuxet*, they were received with a salute, and the hoisting of the flag. The steamers acknowledged the compliment by dipping their colors and sounding their whistles. The boys on the *Massachusetts School Ship* filling the deck and rigging, cheered the excursion lustily and run up the colors. This compliment was also acknowledged by the *Rose Standish* and the *Russia*, and the cheers returned by the passengers.

The first landing of the party was at Deer Island, where they were received by Hon. Moses Kimball, chairman of the Committee on Public Institutions, and were invited by that gentleman to walk through the House of Industry and examine it as much as they desired. They passed through the various rooms and departments, always finding the officers of the institutions ready and willing to answer all questions put to them. The gentlemen expressed themselves well pleased with the workings of these public institutions, and especially noticed and commented upon the extreme cleanliness and neatness of every part of the buildings and also of the inmates. After about a half hour's time had been consumed in visiting the island, the party re-embarked, and proceeded further down the harbor.

By the kind permission of Major H. A. Allen, of the Second United States Artillery, commanding the post at Fort Warren, the excursionists were allowed to land, but were requested by the Major to have no conversation with the prisoners. The gentlemen walked over the grounds, examined the extensive fortification and heavy armament with much interest. Gilmore's Band stationed themselves on the parade ground and played the national and other airs. The United States officers at Fort Warren were very attentive to the guests, and extend-

ed to them during their short stay every attention that was in their power. Major Joel Severns, of the U. S. Volunteers, is post surgeon.

About four o'clock the party reached Long Island and disembarked. In the "Cottage" and in the tents on either side tables were spread with all the delicacies of the season, and to this attractive feature the attention of the gentlemen was directed immediately upon landing.

After the very pleasant duty of relieving the tables of their burden had been performed, His Honor the Mayor mounted a chair, and calling the gentlemen to order, addressed the company in a speech full of the most cordial hospitality and generous appreciation of the standing and value of the medical profession. We regret that want of space prevents our publishing his remarks in full.

Mayor Lincoln was frequently interrupted with most emphatic applause and enthusiastic cheering. After partial silence had been restored, the Mayor called upon Dr. Davis, President of the Association, who was loudly cheered on taking the stand—or chair.

He said that he was exceedingly happy to meet the gentlemen under circumstances so pleasing to each individual around him. The assembly, he said, almost overwhelmed him with recollections of the past. The historic old city of Boston, which has sometimes been called the cradle of liberty, everything around us, not only the old shaft on Bunker Hill, but the old church, the old graveyard, even the by-ways and the crooked ways [laughter] moved him with pleasing recollections of the past. He was happy as he looked around him, as he stood with his feet, as it were, in the eastern extreme of our glorious Union, to see many who would recollect with him a similar excursion to this, west of the Mississippi, and the kind attentions which the Association received there. At this time it should not be forgotten that away in the distant South, even in South Carolina, this Association has assembled and has received the same kind attentions. He would not care to allude to this, even as a reminiscence, did he not know that the valor of our soldiers brought the South to our fold once again. [Applause.] He said that when his mind traveled over scenes and the pleasing reminiscences of the past years of the life of this Association, which has met in every

section of our country, his heart was too full, and his tongue could not express his feelings. We may meet, continued the speaker, for good, to rack our brains in devising better medicines to alleviate the sufferings of mankind, but after all it is the social element in our conventions that makes them so attractive to us. In conclusion, Dr. Davis cordially thanked the City Council, in the name of the National Medical Society, for the generous attention extended to them.

Dr. Woodward, of the Surgeon-General's office, at Washington, was then introduced. He spoke concerning the medical profession in the army, of their perilous position and their devotion to their duties, saying that had it not been for the aid which our armies have received from the profession they would have been able to do but little in this war.

Dr. Storer, the newly-elected President of the Association, was then called for. He was introduced to the gentlemen by His Honor the Mayor in rather a peculiar manner, which caused much laughter. Dr. Storer, in speaking of his election as President of the Association, said that he had hoped that some other gentleman would have been chosen to represent the National Medical Association than himself. He said that he had not the presumption to suppose that he possessed qualifications which were not possessed by the great majority of the members of the Association, but he received the honor as a compliment to Massachusetts. Dr. Storer spoke of the social influence of these Conventions. Dr. Worthington Hooker, of Connecticut, made a short speech, speaking in a happy manner of his State, Connecticut, and of the generous manner in which the Association had been treated by the city of Boston. Rev. Dr. Lothrop was the next speaker. In speaking of the medical profession, he said that in his opinion it stands at the top of the professions, and demands the highest gratitude from the infinite and incalculable service which it renders to mankind. Dr. Sayre, of New York, in a short speech, acknowledged the hospitality with which the Convention has been received in Boston. Short speeches were also made by Dr. Doherty, of Connecticut, Dr. J. P. Ordway, of Boston, Dr. Curry, of West Chester, N. Y., and others.

About half past eight o'clock, the party again embarked on

the return "voyage." As the steamers left the wharf, rockets and other fireworks were discharged from their decks, and the bands performed favorite airs. The sail home by moonlight was exceedingly pleasant, and the time was occupied in listening to the fine music of the bands, and to singing, conversing, etc. As the steamers passed the pilot boat No. 7, that vessel burned brilliant blue-lights, which were noticed with cheering. On landing at Commercial wharf, the passengers of the *Rose Standish* formed in procession and marched to the Tremont House to the music of Gilmore's Band, where they separated.

The Committee of Arrangements of the City Council deserve much credit for the admirable manner in which the arrangements for the excursion were carried out. Every thing that could be thought of for the comfort and enjoyment of the company was provided.

FOURTH DAY.

The Association was called to order at 9 o'clock by the President. Reports from sections were received and appropriately referred, and it was voted that such bills as might be presented therein should be paid by the Treasurer of the Association. After the transaction of some unimportant business, Drs. Leidy, F. G. Smith and H. Hartshorn were appointed a committee on the paper of Dr. Colt, on "the microscope."

Dr. J. P. Ordway, of Boston, presented a protest against the action of the Association in adopting the resolution expelling Dr. Montrose A. Pallen. After the words of the resolution the document reads as follows:

Whereas, The Association has refused by vote to reconsider its action in this behalf, now, therefore,

We the undersigned, in attendance, while we execrate the crime with which Dr. Pallen stands charged, and would, if his guilt were established, most promptly and heartily vote for his expulsion, do most respectfully protest against the action of this Association, as above recited, on the general principle that all sense of right and justice, as well as the established rules of this Association, demand that no man shall be condemned and punished until his guilt is established. And we

desire that this protest shall be placed upon the record in the minutes of the proceedings of this annual meeting.

Signed by Drs. James F. Hibberd, Henry I. Bowditch, Geo. B. Twitchell, and about thirty other gentlemen.

The ground taken in the protest was ably defended by Dr. Ordway, and after some discussion, on motion of Dr. Hunt, of New Jersey, a special committee of three, consisting of Drs. Hunt, Bibben, of New York, and Baxter, U.S.A., were appointed to prepare an answer to the paper.

A letter from Dr. W. H. Mussey, of Cincinnati, was read by the President, which severely censured the "course of Surgeon General Barnes, in consulting with a homœopath in the case of Secretary Seward and son, and allowing a quack to prescribe medically whilst he was attending surgically," characterizing it as an "offence of no mean proportions; the high position of the parties making the demoralizing effect the greater." The facts alleged in the letter were declared to be without foundation by Dr. Woodward, of Washington.

At this point His Excellency the Governor of the Commonwealth, preceded by the Sergeant-at-Arms, and accompanied by Assistant Surgeon-General Hooker, entered the hall, and was received by the Association, the members rising in their seats. His Excellency was introduced by the President, and addressed the Association as follows :

Mr. President and Gentlemen of the Convention:—I did not presume to enter the hall with the intention of interrupting the proceedings of the body which has met beneath the arches of the Hall of the House of Representatives, but for the purpose, in the first place, of testifying by my presence and my voice, and to respectfully acknowledge the honor conferred upon me by the Convention in the invitation to attend and to address this meeting on the morning of its first convening. Having been prevented by illness from doing so, I felt it due to myself and the body assembled to avail myself of the earliest practical moment of passing a short time in the presence of this large assembly of the most learned and wisest of the medical profession; but more, I must say, I felt it to be due to the Commonwealth, one of whose official representatives I am, to testify in praise, and with emphasis also, to the interest which it attaches to such meetings of gentlemen of

the learned profession of medicine. The interest it attaches to it, not only from its relation to the cause of science, but in relation to the cause of popular progress in many of the departments of human learning. The interest, also, which it attaches to the medical profession in its relation to the patriotism of the people, since that profession represents the body of men whose devotion, whose energy, whose skill, whose ability and whose usefulness have not been surpassed, during these last four years of Southern war, by any similar number of citizens of the United States. [Applause.] And I trust, Mr. President, that this meeting in the city of Boston will be but the introduction of your Association to the city, and that the capital of the Commonwealth witness many returns of a similar reunion. And I hope that wherever your honorable body may meet hereafter, it will receive the same cordial welcome of an intelligent people capable of appreciating learning, capable of understanding adequately and valuing the contributions of such men, alike to the health and morals, and to the sentiments of the people. For I believe, sir, that reasonable, progressive and philosophic views, in regard to the treatment of disease, or deranged health in all the forms of altered life, are both useful in respect to that which is perishable in our mortal bodies, and in respect to that which is eternal in the immortal mind. [Cheers.] I am happy to learn, Mr. President, that the meeting of the Convention has been attended on the present occasion with so many circumstances of interest and value, and cordially thanking you for this opportunity of addressing the Convention and wishing the body themselves future happiness and prosperity, for many years to come, I have the honor to take my leave. [Cheers.]

At the conclusion of his address His Excellency retired, and the Association resumed its business.

The Committee appointed to prepare an answer to the protest in the case of Dr. Pallen, reported as follows, through its chairman, Dr. Hunt :

We, the undersigned, beg leave to recommend the following reply to the protest of certain members of the American Medical Association against the action of the said Association in the case of one Montrose A. Pallen.

We remark, first, as to the right of protest in an Association of this kind, that it is one which needs scarcely ever to be exercised, and the use of which is in general a bad precedent. When a motion is fairly before a body, is carefully considered and then deliberately acted upon, that submission to law and

to a majority which is important to be cultivated as a principle, and which is particularly needed to be exemplified by prominent men as the grand lesson taught by the times, should lead the minority to be content to express their dissent in the usual method. With due deference to those who signed the protest, we can not but express our regret that, while in the course of years many points have been discussed before this body, involving direct medical interests, and yet have been left to the decisions of the majority, so far as we know, the first case calling forth a protest is in the behalf of a man, in reference to whom we had the distinct statement from Dr. C. C. Cox, of Maryland, that he early in the war left St. Louis in the interests of the rebellion, and that the testimony in the case referred to was explicit in reference to his complicity with the attempted crime. We at least exercise no right not already granted to these protestants, in expressing our dissent from the propriety of their action in not submitting to the decision of this body after the question was once discussed, and then twice after reconsidered and the former action reaffirmed, and that too in the absence of the gentlemen who were the movers of the resolution. Secondly, we beg leave to notice the fact that the protestants have erred, as to matters of fact. The Association has in no way formally declared that no sufficient proof had been adduced of the guilt of Montrose A. Pallen. The fact that the word proved was amended by the insertion of the words "has been declared under oath" is merely the difference between the legal issuing of a case and that kind of evidence which is entirely satisfactory and conclusive to even a guarded public sentiment. It was on this evidence and on the statements and opinions of members that the Association saw fit to base their action. They felt that the course of Pallen, previous to this averred act, and the testimony in the case, were sufficient grounds for their action. There are times when a man may be known by the company he keeps, and in such a barbarous wickedness as the one involved, the whole testimony and evil association justify us in this action.

If the case was one that could be tried by us, so much the better; but the grounds of suspicion are so enormous, as in our view to justify our course of action. We are not injuring him, for the cloud already upon him is one to which ours will not add a feather. We are but protecting ourselves. When the evidence of mistake is shown, we will gladly acknowledge our error and retrace our course. But is it not best to separate from our Association one who has been in intimate association with the vilest enemies of humanity? We have high

ideas of personal rights, but one who has been in leagued friendship with those making the boldest attack on the dearest personal rights of universal humanity can not complain, until his character is vindicated, that he is cut off from association with those who by profession, as well as by their manhood, are philanthropists and patriots. While we agree to the general idea that no man shall be condemned and punished until his guilt is established, we look upon guilt as having degrees, and as sometimes being established independent of the decision of courts; and in cutting him off from the Association, we do not recognize ourselves as "condemning and punishing him" in the legal and opprobrious sense in which those terms are used when one is consigned to the prison or the gallows; but as protecting ourselves from the odium of association with one who, we have evidence enough to satisfy us, has chosen as associates not only rebels, but assassins, and who while he is unable to clear his skirts, is not particularly jeopardized in life, liberty or the pursuit of happiness by our act.

The President then announced that he had received the following telegraphic dispatch from Montrose A. Pallen:

MONTREAL, CANADA EAST, June 9.

*To the President of the National Medical Association:—*I have been expelled from the Association upon unrebuted testimony for participating in a crime which I execrate as much as any gentleman in the Convention. I will produce affidavits to prove Sandford Conover's evidence to be infamous perjury I beg a reconsideration of the vote, and that it be referred to a committee before whom I pledge myself to still preserve the fair fame belonging to every member of the Association.

MONTROSE A. PALLAN.

A motion was made to accept and adopt the report of the the committee as the sense of the Association. The motion was discussed at some length, and finally laid upon the table.

A Special Committee on Insanity was appointed, consisting of Drs. Alfred Hitchcock, of Massachusetts; Isaac Ray, of Rhode Island; S. H. Tewksbury, of Maine; B. F. Barker, of New York; and J. S. Butler, of Connecticut.

The Secretary read the following resolution offered by Dr. Garrish, of New York:

Resolved, That the American Medical Association, with heartfelt and national pride, extend to the Army and Navy surgeons their thanks for the prompt manner in which they

have met the calls and perils of the battle-field, demanded by our country.

Resolved, That we tender to the families and friends of those who have sacrificed their lives in the cause of humanity, our earnest sympathies for the bereavement they have sustained. They have restored to us and the whole nation a peaceful and happy home for all future time.

The resolutions were adopted.

On motion, the duty of revising the list of permanent members for republication was referred to the Committee on Medical Necrology.

Dr. Burns, of Pennsylvania, presented the following resolutions, which were unanimously adopted :

Resolved, That the American Medical Association, in closing their annual session in the city of Boston, June 9th, 1865, do most sincerely tender a vote of thanks to their medical brethren, the Governor of Massachusetts, city authorities and inhabitants of Boston, for their very kind and generous hospitalities to the assembled delegates from all parts of our country; and in bidding them farewell we shall ever cherish the remembrance of their kindness, and express the hope that prosperity, with every domestic, social, intellectual and religious blessing may be their abiding portion.

By Dr. Kennedy, of New York, resolutions were offered as follows :

Resolved, That the thanks of the American Medical Association be and are hereby tendered to his Honor Mayor Lincoln and the authorities of the city of Boston for the kind reception and splendid entertainment given to the Association during their stay in the city.

Resolved, That the thanks of the Association are due, and are hereby presented, to the Committee of Arrangements of the Association for the faithful and satisfactory manner in which they have discharged the arduous duties imposed upon them.

Resolved, That the thanks of the Association be presented to our President, Dr. N. S. Davis, for the singularly able and impartial manner in which he has discharged the duties of his office.

The following was offered by Dr. Van Kleek, of New York :

Resolved, That this is a National Association, and as, in its earlier days, we enjoyed with pleasure and profit the inter-

course with our professional brothers of all parts of our country, and as the unhappy feud which for four years divided the nation, has now ceased and peace has again come, we trust forever—so we hope soon again to meet our members and delegates from the South on this platform of fraternalization, and to this end we extend to them an earnest invitation and promise them a cordial welcome.

The following by Dr. Bowditch was offered by Dr. Hibberd :

Resolved, That this Association has learned with deep regret that there are fears of famine and consequent disease and pestilence occurring in some parts of Georgia and South Carolina, passed over by Gen. Sherman's army in its victorious course.

Resolved, That this Association would urge upon the Sanitary and Christian Commissions to send agents to learn the exact facts, and if need be, to take prompt and efficient measures to prevent or mitigate such a distressing result.

The following was offered by Dr. Bronson :

Resolved, That the thanks of this Association be and they are hereby tendered to Major John Morrissey, the Sergeant-at-Arms of the Massachusetts Legislature, and his assistants, for the very able and efficient manner in which they have performed the functions of their offices during the sessions of the Association.

The resolutions were all unanimously adopted.

The venerable Dr. Child made a short address, speaking as follows :

I feel extremely gratified that I am permitted on behalf of the State Medical Society to be present on this occasion, and I have also been extremely gratified in the Proceedings of the Association ; and, permit me to say, very much so as respects the management of the presiding officer [cheers] ; and I would unite in expressing the thanks of the Association for the worthy manner in which he has performed his services, and I hope a reply will be heard from him on this parting occasion. [Applause.]

The President of the Association, Dr. Davis, then delivered his farewell address, which was as follows :

Gentlemen :—I thought when I was down upon the island under that cottage roof, posted upon a chair, that the emotions within me were such as almost entirely to forbid utterance ; but I confess, notwithstanding the warm congratulations and cordial feelings which surrounded us there, they have fallen

below what you have put upon me to do, at the close of this meeting, in the manifestations of your approval of the manner in which I have been permitted to discharge the duties of my office. Compelled last year by the amendment of the constitution to serve two years in these same labors, I find so warm a manifestation of your approval as surely will never be forgotten by me; this time has been an enjoyment that will leave its impress upon the deepest recesses of my heart while I am permitted to live, no matter what may be the vicissitudes that await me in the future, or changes which may take place in this our national organization. The feelings which have been impressed upon me here will remain unobliterated while time lasts, and I fondly hope will not be wasted while eternity itself shall endure. But, gentlemen, I must in turn offer my most cordial thanks to every one of you, for if we have had excellent meetings, it is not so much that I occupied the chair, but it is because you, every one of you, have kindly sustained me in the discharge of my duty, and therefore, I say I am as much indebted to you, and far more than you are to me; therefore I give you my thanks. And I tender my thanks cordially to the city of Boston and to all those in the vicinity, for the manner in which I, as an humble individual, have been treated. Before I close, let me make one more observation. I have been very strongly impressed for twelve months past with the feeling that this Association had arrived at a crisis of its existence; and I have felt at the opening of the session, this meeting here in the old cradle of liberty, almost in sight of the waves of the Atlantic, would determine whether this Association was to be perpetuated to the latest generations, gathering the profession from the four quarters of the continent, not merely from East or West, or North or South, but from the whole continent, and uniting it in a common brotherhood for defending the interests of humanity, as long as civilization itself shall endure—or whether we should culminate, and, like the transient meteor in the heavens, make our mark and fade away. And I felt strongly impressed at the time because I saw many aged among us, and many young who looked to the aged, and because they did not come up to their expectations fully were hanging back, and inquiring why? And it seemed we had arrived exactly at the period where the Association was about to be transferred from one generation to the next, and as I commenced very young I felt that I stood as a connecting link, that my right hand was on the shoulder of the aged and my left upon the shoulder of the younger members of the profession, and if I could hold them together and put the burden of the Association over from the

shoulders of the one fairly upon the other, I felt that it would stand firm through the coming trial. My brethren of the profession, I feel that the crisis has passed. [Cheers.] The Association is established upon the firm shoulders of the next generation. I am sure they will pass it to the next and along to others as long as civilization shall exist, therefore I cordially sympathize with you in all the enjoyments of this occasion; and I hope while I am permitted to live and be able to go by steam-ship or rail-car, that I will find time to enjoy a green oasis every year in meeting you as long as age shall let me linger with you. [Cheers and applause.]

At the close of the address of Dr. Davis, three hearty cheers were given for that gentleman.

At a quarter past one o'clock, the Convention adjourned to meet again on the first Tuesday in May, 1866, in the city of Baltimore.

The annual meeting of the Association of 1865 has been more largely attended than on any previous occasion, six hundred and sixteen members and delegates having registered their names on the books of the committee. It is generally regarded as having been a most interesting and successful Convention.

A Visit to the Readville Hospital.—After the adjournment, a considerable number of the physicians availed themselves of an invitation which had been received to visit the U. S. A. General Hospital at Readville, free passes having been tendered by the Providence Railroad Company. On the arrival of the party at Readville, they were welcomed by the surgeon in charge, who, with his assistants, afforded the visitors every facility for examining the Institution. The officers of the hospital are now as follows:—Dr. Gross, Surgeon of Volunteers, in charge, and Acting Assistant-Surgeons Wilbur, Langmaid, Osborne and Ropes.

MEETINGS OF THE SECTIONS.

Section on Medical Jurisprudence and Hygiene.

The Section was organized by calling Dr. J. F. Hiblerd, of Indiana, to the chair, and appointing Dr. R. Burns, of Penn., Secretary.

The "Report of the Committee on the Value and Necessity

of Vaccination and Revaccination for the Eradication of Small-pox," was considered, and after slight amendment was endorsed for publication.

The paper of Dr. Nebinger on the Treatment of Smallpox was read and discussed, and endorsed for publication, after revision by the author.

The paper of Dr. Toner on Compulsory Vaccination was considered and discussed, and endorsed for publication, after revision by the author.

The "Report of the Committee on the Introduction of Disease by Commerce and the Means for its Prevention," was considered, and endorsed for publication.

The following questions were proposed by the Committee for consideration at the next annual meeting, and were referred to the gentlemen named below to report upon :

Comparative Value of Life in City and Country.—Edward Jarvis, Massachusetts ; J. H. Griscom, New York ; E. M. Snow, Rhode Island.

Drainage and Sewerage of Cities in its Influence on Health.—Wilson Jewell, Pennsylvania ; Cyrus Ramsey, New York ; Josiah Curtis, Massachusetts.

What Effect has Civilization on the Duration of Human Life?—A. A. Gould, Massachusetts ; W. F. Peck, Iowa ; Z. Pitcher, Michigan.

On Disinfectants.—E. M. Hunt, New Jersey ; A. N. Bell, New York ; J. C. Smith, New York.

Central Committee on Vaccination, continued.—A. A. Bell, New York ; J. P. Loines, New York ; H. D. Bulkley, New York ; A. Nebinger, Pennsylvania ; J. F. Hibberd, Indiana.

Practical Medicine and Obstetrics.

In the Section "on Practical Medicine and Obstetrics," Dr. Zina Pitcher, of Michigan, was elected Chairman, and Dr. Ellsworth Eliot, of New York, Secretary.

The report of Dr. A. Fisher, of Illinois, "On the Sulphites of Lime and Soda in the Treatment of Hospital Gangrene, Phlebitis, Erysipelas and other Zymotic Diseases," presented last year, was referred for publication.

Dr. H. R. Storer, of Massachusetts, read a paper on Insanity,

omitting some portions thereof. A motion was made to refer it to the Committee on Publication. Dr. Hooker, of Connecticut, moved that the Committee omit all matter of a personal character. Remarks were made by Dr. Jarvis, giving statistics tending to show that the positions taken by Dr. Storer were open to question. In reply, Dr. Storer read the statistical portion of his paper, and disclaimed the remotest intention of personality. The amendment of Dr. Hooker was lost, and the motion to refer carried.

The Secretary read a portion of a paper "on the Relation which Electricity sustains to the Causes of Disease," by S. Littell, of Wills Ophthalmic Hospital, which was referred to a Committee appointed under the following resolution, offered by Dr. Loomis, of Washington, D. C.:

Resolved, That a committee of three be appointed, to report on the "Relation which the Doctrine of the Correlation and Conservation of Forces bears to the Physiological and Pathological Conditions of the Human System."

The following persons were appointed the Committee:—Dr. Loomis, of Washington; Dr. Jacobi, of New York; and Dr. Littell, of Pennsylvania.

Dr. H. R. Storer requested that Dr. Elsberg, of New York, be permitted to exhibit a case of laryngeal disease. Dr. Elsberg's paper was referred to the Committee on Publication.

The Secretary presented the following resolution:

Resolved, That the Secretary recommend to the Association the following resolution for adoption: That the Committee on Publication be requested to adopt such appropriate measures as will insure a speedy and general circulation of the Prize Essay on Abortion, provided this can be done without expense to the Association.

This was adopted.

It was also resolved, that the Chairman should appoint a committee to report, at the next annual meeting, on the progress of medical science during the ensuing year. The following gentlemen were appointed: J. C. Smith, New York; J. P. Ordway, Massachusetts; E. M. Hunt, New Jersey.

Dr. Holton, of Vermont, offered a resolution, that a committee be appointed by the Chairman to report on Diphtheria

as it has prevailed in the United States. The motion was carried, and the following committee was appointed: Dr. H. D. Holton, Vermont; Dr. O. D. Norton, Ohio; Dr. M. Ryerson, New Jersey; Dr. J. S. B. Alleyne, Missouri.

Adjourned.

Section on Surgery.

The Section was organized by the choice of Dr. H. J. Bigelow, Massachusetts, as Chairman, and Dr. A. B. Hall, Massachusetts, as Secretary.

Dr. J. Mason Warren, of Massachusetts, read an elaborate paper on Staphylophary. After considerable discussion, in which several gentlemen participated, the paper was referred to the Committee on Publication.

Dr. L. A. Sayre, of New York, read a paper "on the Mechanical Treatment of Chronic Inflammation of the Joints of the Lower Extremities, with a description of some new apparatus for producing extension at the knee and ankle joints." The paper, after some remarks from various gentlemen, was referred to the Committee on Publication. Dr. Sayre also read the history of a "Case of Exsection of the Wrist-joint," by Dr. Tewksbury, of Portland, Me. As this paper was considered as an appendix to the Report of the Chairman of the Committee on Conservative Surgery, it was referred to the same committee.

Dr. H. D. Holton, of Putney, Vt., read a short paper on Dislocation of the Sternal End of the Clavicle, exhibiting a "new apparatus for maintaining the reduction." This paper was referred to the Committee on Publication.

A paper was presented from Dr. Lawrence Turnbull, of Philadelphia, "on Foreign Bodies in the Ear, with a condensed statement of the present condition of Aural Surgery, with a bibliography." As the author was not present, the paper was referred to the Committee on Publication, with discretionary power.

On Wednesday, the Section met at the Medical College to listen to a paper from the Chairman, with demonstrations, on fracture of the neck of the femur and impaction of the head of the bone, and dislocation of the same.

Subsequently, Dr. Sayre offered the following resolution :

Resolved, That the thanks of this Association are due to Dr. H. J. Bigelow for his scientific demonstration of the anatomy of the hip-joint and the injuries connected therewith, and their proper treatment, and that they request Dr. Bigelow to furnish the same for publication.

The following subjects were selected to be reported upon at the next annual meeting: On Strangulated Hernia, by Dr. Peck, Iowa. On the Cause and Pathology of Pyæmia, by Dr. J. Woodward, U.S.A. On the Use of Plaster of Paris in Surgery, by Dr. James L. Little, of New York.

Adjourned.

Reviews and Notices.

The Army Surgeon's Manual: For the use of Medical officers, Cadets, Chaplains and Hospital Stewards, containing the regulations of the Medical Department, all General Orders from the War Department, and Circulars from the Surgeon-General's Office, from Jan. 1st, 1861 to April 1st, 1865. By WILLIAM GRACE, of Washington, D. C. SECOND EDITION. Published by permission of the Surgeon-General. New York: Bailliere Bros., 520 Broadway, New York.

The voluminous title of the convenient manual before us sufficiently indicates its character. We have also quite recently noticed at length the First Edition of this little work with commendatory expressions. To those interested in the Medical and Hospital Executive Service, we need only call attention to this Second Edition bringing up the orders and Circulars to the late date of April 1st, 1865.

Hand-Book of Skin Diseases for Students and Practitioners: by THOMAS HILLIER, M.D., London, republished by Blanchard & Lea.

THIS is a new work in which the author endeavors to combine the artificial and natural systems of classification on a plan of his own.

We find but little of his plan of classification any where but in the appendix of his book. But the book may not be any the worse for this peculiarity. We, however, find serious

objection to the work, in the fact, that his descriptions of diseases, in several instances, are so brief and incomplete that they are not likely, at all, to teach the beginner to distinguish these diseases without other aid.

Two or three of his positions, on points that some consider minor, are at variance with the teaching of standard writers ; and he does not show any effort to justify the difference of opinion.

Dr. Hillier is physician to the Skin Department of the University College Hospital ; and, in this capacity, gives lectures to students. Having many cases to show, he is, probably, forced to confine himself to giving very short descriptions of the diseases presented. This may do very well for his immediate pupils, considering that they have the patients before them, and that they can resort to text-books for particulars omitted by their teacher. But when the teacher comes before the public without his patients and is not more explicit and full, he fails.

He says that he was induced to undertake the writing of this book because of the fact that the existing works on Dermatology in the English language at the time were "either out of date, diffuse, inaccurate or incomplete."

We do not agree with him in this condemnation. We believe that there are not, in any language, better works on Dermatology than that by Erasmus Wilson, and the translation of Cazenave and Schedel by Burgess, of London. Neligan's is, also, a good work. Dr. Bulkley, lecturer on Skin Diseases, and physician to the New York Hospital, has added valuable notes to Dr. Burgess' translation of Cazenave and Schedel ; and this work, with Dr. Bulkley's notes has been republished in this country.

From a careful reading of Dr. Hillier's book we are constrained to pronounce, that it is not an improvement on its predecessors, and, more than this, that it does not equal them. If they are "inaccurate and incomplete," his is more "inaccurate and incomplete."

We will, however add, that to one who, already, has some knowledge of skin diseases, and has other works on the sub-

ject, the book of Dr. Hillier will be likely to prove an acquisition of some value. He seems to have informed himself of the current teachings of European continental writers, and embraces much of what they say in this Treatise.

J. D.

Editor's Table.

The American Medical Association.—The Proceedings of the meeting at Boston is more than usually important. Indeed, there has been no meeting so full of general professional interest for many years, and we have decided to give the Proceedings in full, as furnished in the *Boston Medical and Surgical Journal*. We thereby occupy a great deal of space in our present number, but we think it will be very acceptable to most of our readers. Next month we shall give several interesting communications, some of which, together with "The Ophthalmological Department," are unavoidably crowded out this month.

In the Jefferson Medical College of Philadelphia. Dr. John B. Biddle has been elected to fill the vacancy in the chair of Materia Medica and Therapeutics caused by the death of the late Dr. Thos. D. Mitchell. It is stated in the *Philadelphia Reporter* that Dr. Biddle is a nephew of the late Dr. Nathaniel Chapman, so long identified with the University of Pennsylvania.

The Long Island Medical College held its annual commencement on the 29th of June. There were fifty-two graduates, Prof. Frank H. Hamilton delivering the parting address on behalf of the Faculty.

Bellevue Hospital Medical College.—In the advertising department of the present number of the *Lancet and Observer* will be found the announcement of this new and flourishing School of Medicine. There are also some other *new advertisements* to which we direct attention.

Medical College of Ohio.—See Circular in the present issue of this journal.

New Professorships in the University of Pennsylvania.—We learn

that an Endowment Fund of \$50,000 has been provided for the establishment of five new chairs in connection with the University of Pennsylvania, as follows: 1. Zoology and Comparative Anatomy; 2. Botany; 3. Mineralogy and Geology; 4. Hygiene; 5. Medical Jurisprudence, including Hygiene. Each Professor will receive \$500 a year from the fund, together with the proceeds of the sale of tickets. The course will be delivered during the Spring. The appointments to these chairs have not yet been made, but will be during the Autumn. It is stated that Dr. George B. Wood by his own private benefaction is the originator of this enterprise.

Carroll's Literary Register for July 10, No. 4, is at hand, affording very judicious notices of all the new publications.

Nordamerikanische Deutsch Medicinische Zeitschrift, etc, etc.—We have received No. II. of this new German Medical Journal for June, 1865. Published at Buffalo, bi-monthly.

St. Louis Medical College.—According to the Announcement and Catalogue for 1864-'65 just received, there were one hundred and seventy-two matriculants enrolled and fifty-seven graduates.

Dr. Mott's Will.—The entire value of the estate of the late Dr. Valentine Mott is stated to be \$400,000. His anatomical museum goes by his will to the New York Medical College.

Historical Sketch—Constitution and By-Laws of the Academy of Medicine of Cincinnati.—The Academy of Medicine, through Dr. Thacker of a special committee, has recently had its Constitution, etc., put in neat printed form, preceded by an interesting historical *resume* of the Association. Founded in March, 1857, with the venerable Dr. R. D. Mussey as its first President, it has steadily grown in strength and usefulness until now passing through its ninth year. The sketch gives a list of the principal original papers read to the Academy, and the lists of officers for the various years. It now has a fine room for its weekly meetings in the Dental College building.

Dr. Clark, of Albion, Illinois, sends us the following card:

TO THE PROFESSION: In the year 1859, I entered into partnership with F. B. Thompson, M.D., of this place for the purpose of practicing medicine and selling drugs.

A dissolution took place in 1860, since which time he has met me

as consulting physician. In 1862, I entered the service as an Acting Assistant Surgeon, U.S.A., and was out nearly three years enduring the hardships of camp life. While away from home, he was called to attend upon my family, for which he charged the full fees, if not more. After acknowledging my abilities by forming a partnership, after meeting me as consulting physician, he charges me for medical attendance on my family, and at a time when I was away from home in the service of the country of which he is a citizen.

I have always adhered to the code of Ethics, as adopted by the profession, and if I understand them, he has, by charging me, violated them.

H. H. CLARK.

Remarks.—The parties in the above case are all strangers to us ; but the spirit and letter of the Code of Ethics is explicit enough. Article II. of the Chapter expressing the relations of physicians to each other, expressly provides that “all practitioners of medicine, their wives, and their children, while under paternal care, are entitled to the gratuitous services of any one or more of the Faculty residing near them, whose assistance may be required.” Of course, there is a propriety in tendering a proper honorarium in cases where the recipient is in affluent circumstances, especially if the attendance be peculiarly responsible, laborious or protracted.

New Music.—We have received from Horace Waters, No. 481 Broadway, New York, the following pieces of Music, by Mrs. E. A. Parkhurst, who is one of our most popular composers : “Funeral March,” to the memory of Abraham Lincoln, the martyr President ; “Oh ! send me one Flower from his Grave.” Price 30 cents each. The March, with vignette of the President, 50 cents. Mailed free.

“*The Man without a Country.*”—A somewhat remarkable and certainly quite romantic narrative, with the above title appeared in the *Atlantic Monthly* some time ago. The publishers, Ticknor & Fields, have republished the article in separate pamphlet edition, which will be found on sale generally, we suppose, by all booksellers. It may be had in this city at Robert Clarke's for ten cents a copy.

On Sleep and Insomnia : An Essay by Dr. W. H. Hammond, of New York, reprinted from the *New York Medical Journal*.

Reminiscences of Dr. Mott, by Dr. S. W. Francis, of New York. We have received from the publisher a very pleasant tribute to the late Mott, in the form of a handsome pamphlet memoir, printed on fine thick paper, and accompanied with a superb steel engraving of

the deceased. The memoir is a spirited sketch of the professional career of Dr. Mott, and is evidently penned *con amore* for the distinguished subject. The author will accept our thanks for the copy.

The Pacific Medical and Surgical Journal and Medical Press is the title of the consolidated medical journals of San Francisco. Dr. Henry Gibbons, of the Toland Medical College, is the editor. The journal is to be published hereafter bi-monthly.

Editorial Abstracts and Selections.

Prepared by W. B. FLETCHER, M.D., Indianapolis, Ind.

PRACTICAL MEDICINE.

1. *Blister Treatment of Rheumatic Fever.*—Five cases of acute rheumatism have been treated at St. Bartholemew's Hospital, by Dr. Jeafferson, on the plan recommended by Dr. Herbert Davies, of the London Hospital. The cases were of marked severity, the relief afforded was speedy and permanent, the temperature of the body fell rapidly, and in those cases which came into the hospital free from heart complication no cardiac mischief was developed. The safety of the heart is undoubtedly the main point at which every treatment must be directed; and in this particular more especially does the blister treatment exhibit its peculiar value. In a communication read Wednesday, March 22d, by Dr. Davies at the Hunterian Society, he stated that of fifty cases which had been admitted under his care at the London Hospital, twenty-seven had hearts already damaged by recent or old inflammatory mischief, and twenty-three were free from cardiac complication. The result of the blister treatment in these fifty cases showed that as many as twenty-five, when discharged from the hospital, were totally free from any endo or peri-cardiac disease; or, in other words, that while every heart was saved which came in sound, two recent cases of endocarditis were apparently cured by the alteration effected, as he believed, in the alkalinity of the blood by the free discharge of serum from the neighborhood of the inflamed joints. Dr. Davies also states that those cases answer best to the treatment in which a great number of joints simultaneously affected, and when, by setting up a large amount of discharging surface in the proximity of the inflamed parts, a large proportion of the *materies morbi* may be evacuated at one coup. Cases where the poison would appear to crop up to the surface by instalments, attacking the various joints at intervals of days, do not afford such striking examples of the efficacy of the treatment. The first case, where an unexampled amount of blister was applied in an extremely acute case, and where the patient was discharged cured in thirteen days, will well illustrate Mr. Davies' position. That this

treatment is not simply local in its action was also shown in the alteration produced in the urine in the majority of the cases cited; for in eleven the urine remained acid, but generally diminished in acidity during the whole period of the case; in twenty-two it became neutral shortly after the serum was discharged; in ten it exhibited an absolute alkaline reaction; while in seven no notes were taken.

CASE I.—William S., aged 22, a working silversmith, and exposed to great variations of temperature, was admitted into the hospital on December 21, the seventh day of his illness, and was discharged cured on December 15th, thirteen days after he came under treatment. Eleven blisters, amounting to 482 square inches, were applied simultaneously, and with almost immediate relief. As the patient said, "the rheumatic pains left me as soon as the blisters drew;" and on the third day from admission all pain had disappeared. The pulse fell from 105 to 95 per minute; the temperature from 104.4 to 99.6 and 99.8; no cardiac mischief was developed. The urine, scanty and acid on admission, was rendered slightly albuminous from the presence in it of a small quantity of blood. The slight strangury and albumen, however disappeared in forty-eight hours. He had slept very badly from the commencement of his illness, but as soon as the poultices were applied to the blistered surfaces sleep returned, and was "good" every night during the time he remained in the hospital. His appetite, bad on admission, was good on the third day; and his thirst, which was slight when he came under treatment, was not increased by the blisters, is reported to be absent on the fourth day. The heart was sound when he came under treatment, and free from disease when he left the hospital.—*The Med. News and Library*, from *Med. Times and Gazette*, Mar. 4, 1865.

2. *Scottish Registrar-General's Report*.—The Registrar-General observes that there was nothing in the meteorological phenomena of the year 1864 to account for the great epidemic of typhus which prevailed. It attacked large masses of the people in the early months of the year, abated in the warmer seasons, but again resumed its virulence in September, and increased more and more till the year closed. The epidemic appeared among the people while in the midst of plenty of work, high wages, and cheap food being the characteristics of the year. The town where the demand for labor has been the greatest and wages highest, and in which there need not be a single person idle, viz., Greenock, has been the town where typhus has been most virulent and fatal, causing above fourteen per cent. of the deaths of the year, including among its victims four of the medical practitioners. Taking the experience of the Royal Infirmary of Edinburgh, namely, one death in every twelve cases of this epidemic, above seven per cent. of the population of Greenock must have been attacked with typhus fever in 1864. But Greenock is shown by the register year after year to be by far the most unhealthy of the eight principal towns of Scotland, if not the most unhealthy town in Scotland. The inhabitants have to contend with two adverse causes which tend to induce predisposition to attacks of epidemics, a low-

lying, damp site, and greatly overcrowded dwellings, the house accommodation not keeping pace with the increase of the inhabitants. The report has to record an extremely unhealthy year; but smallpox was happily less prevalent than in 1863, and the new compulsory Vaccination Act is working much better than was anticipated.—from *Brit. Med. Journ.*, Mar. 12, 1865. (*Med. News and Library.*)

3. *Endoscopy*.—On Wednesday, March 15, 1865, at a meeting of the Medical Society of the King and Queen's College of Physicians, held in the new College Hall, Kildare Street, Dr. F. P. Cruise, of the Mater Misericordiæ Hospital, exhibited an endoscope which he has been using for some time past, and read a short paper explaining its practical utility in the diagnosis and treatment of many obscure forms of disease, especially those of the rectum and urino-genital organs. Dr. Cruise's endoscope is a modification of Desormeaux's and possesses the great advantage over it of an illuminating apparatus, so brilliant, and easily admitting of such perfect adjustment, that little or no previous training is required to enable the practitioner to obtain a satisfactory view of deep cavities which heretofore have been looked upon as quite inaccessible to sight.

Amongst these we may specially mention the bladder and urethra; the rectum beyond the reach of the finger and speculum; the cavity of the cervix, and even of the body of the uterus; the nasal fossa; the pharynx; cavities of ovarian cysts; abscesses, wounds containing foreign bodies, etc.

Dr. Cruise's paper was enriched by the details of a number of obscure cases in which he had used the endoscope to the entire satisfaction of numerous medical men in Dublin.

Dr. Cruise's improvement in this instrument is the devising of a satisfactory and manageable illumination. He proposes shortly to publish a full account of the instrument and of the results he has arrived at from its use.—*Med. News and Library.*

SURGICAL.

4. *Exsection of the Tibia*.—Dr. Conant presented a portion of the tibia removed from a boy seven years of age, shortly after the receipt of a compound fracture of the leg, the result of a railroad injury on the 21st of July last. Dr. C. saw the patient about three hours after the accident occurred, and found the limb very much crushed. The portion of bone which was removed, and which was three and one-eighth inches in length, was lying loose in the laceration, while the fibula, which was also fractured, was bowed strongly outwards, one fragment being thrust through the integument. Notwithstanding the fact that fully one-third of the tibia at its middle was removed, the boy made a good recovery, and the periosteum which was left grew new bone to the extent that there was but one-half an inch shortening. The treatment employed was, in the first place, sand-bags to steady the limb; then a fracture-box, followed after a time with a moderate degree of extension, by means of the weight

and pulley. The specimen was interesting in reference to the illustration which it afforded of the regenerating power of the periosteum. —*St. Louis Med. and Surg. Journ.* from *N. Y. Med. Journ.*

5. *Treatment of Hydrocele* — Dr. William Jollie, (Gateshead-on-Tyne) recommends the following plan, which he has followed for some years, and invariably with success, even after failure with port wine, etc.

“I tap the hydrocele by trocar and canula in the usual way, draw of the fluid, and then introduce through the canula into the cavity of the tunica vaginalis a surgeon’s common probe, which has been previously coated for an inch of its length with nitrate of silver. I prepare the probe by heating the extremity to a dull red heat in the flame of gas-light, and placing it in a little finely-powdered nitrate of silver, and then again subjecting the probe to the heat, so as to form a smooth coating to the instrument. If your correspondent and other surgeons will make use of this method, they will, no doubt, quickly, effectually and cheaply relieve their patients of a troublesome complaint.” —*St. Louis Med. and Surg. Journ.*, from *London Lancet*.

OBSTETRICAL.

6. *Puerperal Pelvic Cellulitis*. — Dr. McClintock, in his admirable Clinical Memoirs on Diseases of Women, says of puerperal pelvic cellulitis.

“Though sometimes very exhausting to the patient’s strength, and always tedious in its progress, still the disease rarely ends fatally. Of seventy cases of puerperal pelvic cellulitis, coming under my care, I only know of two which so terminated; and in each the immediate cause of death was dysentery, apparently brought about by the bursting of the abscess into the colon. There may have been one fatal case, but I can not positively say, as the women went from under my observation. The complaint is a more common sequence of first than of subsequent labors. Of sixty-one cases in which I noted this circumstance, twenty-eight or nearly one-half were primiparous women; though of all the patients delivered in the Lying-in Hospital, the primipara formed only one-third.”

I agree with Dr. West, that cellulitis very rarely results from genuine puerperal fever; but still my experience will not permit me to doubt that it often succeeds to attacks of metritis, or metro-peritonitis; and Dr. Bennett is of the same opinion. For example, of sixty-two cases carefully investigated with reference to this particular point, in thirty-four there had been well-marked symptoms of uterine or abdominal inflammation, more or less severe within the first week of childhood. — From *Boston Med. and Surg. Journ.* *St. Louis Med. and Surg. Journ.*

7. *Deformities of the Pelvis* — Professor George T. Elliot, of the Bellevue Hospital Medical College, has, by a very simple and ingenious method, illustrated the subject of deformed pelvis in his lectures in that institution. A natural pelvis stripped of its muscular

tissues, is placed, until softened, in a solution of nitric acid, with the exception of the lumbar vertebra and portion of the femora. On this softened pelvis the teacher is enabled to produce with facility every variety of deformity, and to show the manner in which the distortion of any part reacts upon the normal position of the others. No doubt that such practical illustration at once gives to the student a complete notion of one of the most important subjects in obstetrics, and it may, in addition, contribute to elucidate the true origin of several distortions of the very pelvis itself, and of the spinal column, which are not yet satisfactorily explained.

BELLEVUE HOSPITAL MEDICAL COLLEGE---CITY OF NEW YORK.

SESSION FOR 1865--66.

The Trustees and Faculty announce, with much gratification, the evidence offered by the past sessions of the importance of the new movement in behalf of medical education, inaugurated by this College.

FACULTY.

ISAAC E. TAYLOR, M. D., *President.*

AUSTIN FLINT, JR., M. D., *Secretary.*

JAMES R. WOOD, M. D., Professor of Operative Surgery and Surgical Pathology.
FRANK H. HAMILTON, M. D., Professor of Military Surgery, Fractures, and Dislocations.
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STEPHEN SMITH, M. D., Professor of the Principles of Surgery.
ISAAC E. TAYLOR, M. D. } Professor of Obstetrics and the Diseases of Women and
GEORGE T. ELLIOT, M. D. } Children.
B. FORDYCE BARKER, M. D. }
BENJAMIN W. MCCREADY, M. D., Professor of Materia Medica and Therapeutics.
TIMOTHY CHILDS, M. D., Professor of Descriptive and Comparative Anatomy.
AUSTIN FLINT, M. D., Professor of the Principles and Practice of Medicine.
R. OGDEN DOREMUS, M. D., Professor of Chemistry and Toxicology.
AUSTIN FLINT, JR., M. D., Professor of Physiology and Microscopy.
HENRY D. NOYES, M. D., Demonstrator of Anatomy.
N. R. MOSLEY, M. D., Associate Demonstrator of Anatomy.
J. W. SOUHWACH, JR., M. D., Assistant Demonstrator of Anatomy and Prosector to the Chair of Operative Surgery and Surgical Pathology.
A. W. WILKINSON, M. D., Assistant to Chair of Chemistry and Toxicology.
GEORGE ENOS, M. D., Assistant to Chair of Principles and Practice of Medicine.

The *Preliminary Term* will commence on *Wednesday, September 13, 1865*, and continue four weeks. Instruction, during this term, will consist of didactic lectures on special subjects and daily clinical lectures. The lectures during this term are given exclusively by Members of the Faculty. The *Regular Term* will commence on *Wednesday, October 11, 1865*, and end early in March. The plan of instruction in this Institution is to combine, to the fullest extent, clinical and didactic teaching. All the lectures are given within the hospital grounds. Four didactic lectures are given on every week day, except Saturday, and from two to three hours daily are allotted to clinical teaching. The Annual Circular will contain further details respecting the plan of instruction, together with the vast opportunities for the study of disease, witnessing surgical and obstetrical operations, the prosecution of anatomy, etc., offered

by the Bellevue Hospital, the Blackwell's Hospital, and other Public Institutions of the great Metropolis.

Fees for tickets to all the lectures during the Preliminary and Regular Term, \$105.

Tickets for any of the several departments may be taken out separately.

Matriculation fee, \$5.

Demonstrator's ticket, \$10.

There are no Dissecting Room fees, nor any charge for subjects.

Hospital tickets are gratuitous, after Matriculation.

Graduation fee, \$30.

Students who have attended two full courses in other accredited schools, receive all the tickets for \$50, exclusive of the Matriculation fee. Students who have attended two full courses in this College, or after one full course in this College, having previously attended a full course in some other accredited school, will be required to matriculate only. Graduates of other accredited schools, after three years, are required to matriculate only; prior to three years they receive a general ticket for \$50.

Payment of fees invariably required at the commencement of the Session. There are no exceptions to this rule, and students should come prepared to take out their tickets immediately.

Students, on arriving in the city, are requested to report at once at Bellevue Hospital, situated on the East River, between 25th and 28th Streets, and inquire for the Janitor, Mr. Silas Pearsall, who will take pains to aid them in securing comfortable accommodations, without delay.

Entrance to Hospital is on 26th Street.

For the Annual Circular, giving further information, address the Secretary of the Faculty, Professor AUSTIN FLINT, JR., Bellevue Hospital Medical College, or 257 Fourth Avenue, New York.

*Eclectic and Homoeopathic schools are not accredited.

RAILROAD TIME TABLE.

LITTLE MIAMI.

	Departs.	Arrives.
Cincinnati Express.....	6 00 A. M.	7 30 P. M.
Mail and Express.....	9 00 A. M.	4 31 A. M.
Columbus Accommodation.....	4 00 P. M.	11 30 A. M.
Morrow Accommodation.....	5 20 P. M.	8 00 A. M.
Night Express.....	10 00 P. M.	10 05 A. M.

CINCINNATI, HAMILTON & DAYTON

Toledo and Detroit.....	7 00 A. M.	9 45 P. M.
Dayton and Sandusky.....	7 00 A. M.	5 50 P. M.
Richmond, Indianapolis and Chicago.....	7 00 P. M.	9 45 A. M.
Mail.....	9 00 A. M.	7 30 P. M.
Dayton and Accommodation.....	2 10 P. M.	7 45 P. M.
Indianapolis, Cambridge City and Dayton....	3 30 P. M.	12 50 P. M.
Toledo Detroit, and Bellefontaine.....	5 00 P. M.	12 50 P. M.
Hamilton Accommodation.....	7 00 P. M.	6 45 A. M.
Richmond and Chicago.....	7 00 P. M.	11 25 A. M.
Eastern Night Express.....	10 40 P. M.	7 55 A. M.

INDIANAPOLIS & CINCINNATI.

St. Louis and Chicago Express.....	7 15 A. M.	9 00 P. M.
Mail and Springfield Express.....	1 00 P. M.	5 07 P. M.
St. Louis and Chicago Express.....	10 00 P. M.	6 00 P. M.
Lawrenceburg and Harrison Accommodation	5 15 P. M.	8 20 A. M.
Harrison Accommodation.....	9 30 A. M.	2 40 P. M.

All through trains eastward from Cincinnati to Albany, New York and Boston, make direct connection at Columbus, Cleveland and Buffalo, via C. C. & C. R. R., Lake Shore R. R. and New York Central.

THE
CINCINNATI LANCET AND OBSERVER

CONDUCTED BY

E. B. STEVENS, M.D., AND J. A. MURPHY, M.D.

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No 9.

Original Communications.

ARTICLE I.

Investigations into the Use of the Sulphites in Zymotic Diseases.

BY ROBERTS BARTHOLOW, M.D.,

Professor of Physics and Chemistry, Medical College of Ohio; one of the Physicians to St. John's Hospital, etc.

THE term Zymotic, is extended somewhat beyond its original signification, by modern usage. A zymotic disease, properly, is one produced by a specific poison, which introduced into the human organism, acts after the manner of a ferment; but under the head of zymotic diseases are included in modern systems of nosological arrangement, *dietic* and *parasitic* diseases, many of which can not be considered as propagated by a process at all akin to fermentation.

The term zymotic is used in this essay in the restricted sense of its original signification.

The process of fermentation has not as yet received an universally accepted and adequate explanation. Two theories—leaving out of view the dynamical theory of Liebig—are now chiefly held, the vital and the chemical. The vitalists, of whom M. Pasteur is undoubtedly the chief, maintain that “all the fermentations, properly speaking, viscous, lactic, butyric, the fermentation of tartaric acid, of malic acid, of urea are all correlative of the presence and multiplication of certain organisms.”* Thus, in the most familiar instance of fermentation, the alcoholic, sugar is transformed by

*Traite de Clinic, etc., par J. Pelouze et E. Freney, Tome cinquieme, p. 211.

the growth of the *Zorula* into alcohol and carbonic acid. By the same view generalized, the process of digestion in animals may be regarded as the result of a series of fermentations; the amylaceous aliments made soluble by the influence of saliva and the intestinal fluids; the neutral fatty bodies emulsionized by the pancreatic juice; the nitrogenous aliments disintegrated by the action of pepsin, the special material of the gastric juice, all appear to be instances of special fermentations. The maturation of fruits, also, results from the successive transformations of proximate principles modified in virtue of certain fermentations. Finally, it is probable that the action of poisons and miasms upon the living body, also the development, for the most part, of contagious maladies belong to the same category of phenomena.*

By the other theory, the chemical, all of these transformations are assumed to be produced by the ordinary chemical laws, but since it has been shown that the ferment practically has no direct share in the changes, the chemical explanation is not satisfactory.

But whether we accept the vital or the chemical theory of fermentation in explanation of the propagation of zymotic diseases, serious difficulties oppose us. The analogies are striking, the theory beautiful in its simplicity, but the assumption is purely hypothetical that similar phenomena occur when a morbid agent is introduced into the human organism. There is an absolute want of proof that the development of morbid material is accompanied by the growth of a microscopic organism or that it produces the series of changes which may be represented in a chemical equation.

Latterly it has been proposed to call this process by which a poison or miasm introduced comes to affect the whole organism, a catalytic action rather than a fermentation. Fermentation, itself, on the theory of the vitalists, is in the nature of a catalytic action. This term, first used by Berzelius, is employed to designate that action by which two or more bodies are combined by the presence of a third which takes no part in the changes. Thus spongy platinum will

* *Traite de Clinique, etc., par J. Pelouze et E. Fremey. Tome cinquieme. P. 215.*

combine oxygen and hydrogen to form water, and platinum black will convert alcohol into acetic acid, without the sponge or the black being affected in their essential properties. The influence of sulphur upon india-rubber at a high temperature is a familiar instance of catalysis. The sulphur changes the color of the gum, and imparts to it increased elasticity and power of resistance to heat and cold; yet it does itself undergo no change and may be dissolved out by an alkaline sulphite, the gum retaining its new properties.

Further, the action or force catalysis has received a new interpretation by Prof. Grove, the eminent English physicist.* He believes and has apparently demonstrated that this force depends upon voltaic action. He succeeded, indeed, in forming a voltaic combination by gaseous-oxygen, gaseous-hydrogen and platinum, by which a galvanometer was deflected and water decomposed.

By the catalytic theory, the *materies morbi* enters the organism and after a variable period all the atoms and molecules of the body are impressed by it (period of incubation) then follows the effort of the vital powers to be rid of it, constituting the phenomena characteristic of the disease.† Certain gaseous poisons of known properties act in a similar manner. Sulphuretted-hydrogen introduced into the blood produces nausea, faintness, prostration, ulceration of intestinal glandular apparatus; but if not in excess is finally eliminated and the healthy state is restored. It does not appear to possess the power of self-multiplication as a ferment, and does manifest an affinity for certain organs on which its force is expended. Whilst the actions of some of the intangible, unknown morbid agents may be interpreted in the same way, it is undoubtedly true that many have a power of indefinite self-multiplication; but it is a mere assumption that such self-multiplication is the same in character as the actions of fermentation or catalysis.

If either of these forces be applied to explain the occurrence of the so-called zymotic diseases, it is only in virtue of certain

* Essay on the Correlation of the Physical Forces.

† The Hippocratic doctrine of Coction and Crisis. Works of Hippocrates, Sydenham Society Edition.

analogies presumed to exist; there is, as I have already remarked, an absence of proof. Of the two, the vitalist theory of fermentation presents the greatest number of points of resemblance. Thus, we have a class of diseases, *farus*, *muguet*, etc., characterized by the production of microscopic vegetable organisms, which may be assumed to prove the existence of a fermentation as similar organisms do in alcoholic, butyric, acetic and other fermentations. But in the large class of zymotic diseases, few indeed present evidences of the presence of such fungi, and in those few it is by no means clear that the fungi enact any other *role* than that of accidental growth in a soil adapted to their peculiar needs. If their presence is essential to such diseases, is their growth the result and evidence of a fermentation? By no means; no more, indeed, than that the growth and propagation of the *Trichinae* in the Trichina disease are results and evidence of a fermentation. Prof. J. K. Mitchell, in a series of lectures* has brought forward a mass of material, which he has most ingeniously and ably applied to explain the occurrence and propagation of malarious and epidemic fevers, on the ground of their cryptogamic origin, but wholly irrespective of the zymotic theory of disease which he earnestly combats. Since the publication of these lectures very important additions have been made to our knowledge on this subject, but they only tend to confirm the correctness of Prof. Mitchell's views.

The zymotic theory being admitted, the corresponding therapeutic principle necessarily follows: those agents capable of arresting the fermentation process must be effective in the cure of the fermentation diseases. Hence the use of the Sulphites, which have been long employed to arrest the vinous or alcoholic fermentation. Dr. Polli, of Milan, is the prophet of this new therapeutic creed. Assuming the correctness of the zymotic theory, or as his friend and advocate, Dr. De Ricci, of Dublin, styles it, the catalytic, he bethought himself to extend the application of the sulphites in the arrest of the vinous fermentation to the supposed analogous process in animal life. As a first step in his investigations he determined

* On the Cryptogamous origin of Malarious and Epidemic Fevers, Philadelphia. 1849.

the safety of the administration of these drugs, and ascertained, as he asserts, that the sulphites were absorbed as sulphites and were detected in the blood, urine and other secretions. This latter fact was as remarkable, as we shall see further on, as it was necessary as a basis for the development of his experimental proofs, for if the sulphites are not absorbed into the blood as sulphites, how can they arrest the fermentation process, seeing that this process finds in the blood the ferment-escible material? The next step consisted in the introduction into the veins of animals experimented on various animal ferments (decomposing blood, the poison of glanders, etc.,) and in the comparison of the effects of these poisons, with and without the simultaneous administration of the sulphites, first by injection into the veins and second by the stomach. He claims to have established that the sulphites administered in both modes, prevented the ill effects of the poisons introduced into the blood. Various observers have in part repeated these experiments of Dr. Polli. Prof. C. O. Weber, of Bonn, has injected a solution of sulph-hydric acid into the veins and by a coincident administration of the sulphites, has prevented its poisonous action. He was not so fortunaté, however, with some other animal ferments, which produced their characteristic effects apparently uncontrolled by the alleged antidote, but he explains this unexpected result by saying that a sufficient quantity of the sulphites, probably, was not given. The reader will please observe that the sulphites in these experiments were administered by the stomach and not injected into the veins.

These investigations have attracted much attention on this side of the water. Dr. Walter F. Atlee, of Philadelphia, a very zealous and cultivated physician, gives* some cases illustrative of the efficacy of the alkaline sulphites in pyæmia, and M. Carey Lea, Esq., in the same number of the journal attempts to prove that a portion of this agent passes through the system unchanged as sulphite.

Unfortunately, experimental demonstrations are never wanting to prove the correctness of any favorite theory or system.

* American Journal of the Medical Sciences, January, 1865.

If examined in detail, there will be found many sources of fallacy in these experiments to demonstrate the truth of Dr. Polli's views notwithstanding their apparent decisiveness. These sources of fallacy may be thus stated :

1. Animal ferments injected into the blood present few analogies in the phenomena they induce to the action of specific or septic poisons, introduced in the usual accidental occult manner into the human organism.

2d. Sulphites injected into the blood and thus brought into immediate contact with ferments and fermentescible substances, may have different powers than when acted upon in the alimentary canal previous to absorption; and

3d. The sulphites are so readily converted into sulphates that it is extremely doubtful whether any portion of these salts escape the conversion when administered by the stomach.

What are the facts as to the behavior of sulphurous acid and the sulphites? "Sulphurous acid has a great tendency to pass to the state of sulphuric acid by absorbing oxygen. It is therefore one of our most powerful reducing agents. Sulphite of soda . . . acts in an analogous manner." "All the sulphites evolve sulphurous acid when treated with sulphuric acid and hydrochloric acid. Chlorine water dissolves most sulphites to sulphates, etc."* Exposed to the air, the sulphites are by absorption of oxygen converted into sulphates.† It is needless to quote authorities upon a subject so well understood as this. How then shall the sulphites escape this conversion in their passage through the human organism?

The great difficulties in the way of an accurate analysis for the detection of the sulphites are obvious enough. The method followed by Mr. Lea and recommended by him to the readers of the journal is only applicable when sulphur is absent. "If a trace of sulphurous acid or a sulphite is introduced into a flask in which hydrogen is being evolved from zinc and hydrochloric acid, hydro-sulphuric acid is immediately evolved along with the hydrogen, and the gas now produces a black coloration, or a black precipitate in a solution, of ace-

* *Traite de Clinic, Op. Cit.* Tome premier, p. 509.

† Fresenius, *Chemical Analysis*, Qual. P. 47 and 130

tate of lead, etc.”* Mr. Lea makes the extraordinary statement that “there are two forms in which sulphur may find itself in the urine, apart from any direct administration of substances containing it . . . in the form of saline sulphates, upon which nascent hydrogen has no reducing effect also in albumen, which in certain forms of disease may be present in the urine.” He thus entirely overlooks the sulphur extractive, which in normal urine amounts to more than three per cent. per diem.!!† If the hydrogen test be applied to healthy urine, there will be an abundant evolution of sulph. hydric acid gas and rapid and distinct coloration of the lead test-paper. This process, then, is without value in testing the urine or other fluids of the body containing sulphur; not only so, it leads to error.

In my analysis I employed Bunsen’s method for the detection of free iodine by dilute sulphurous acid and Schwarz’s method with hypo-sulphite of soda. For the details of these processes I must refer the reader to treatises on chemical analysis.‡ It will suffice to say that in this process, (Bunsen’s) to the fluid supposed to contain sulphurous acid “some starch paste is added and then solution of iodine of known strength until the iodide of starch reaction makes its appearance.” In the case of soluble sulphites, the chlor-hydric acid is added in excess and then the starch paste and iodine. I may remark here that I have not, in the many analysis made of the urine of cases in which the sulphites were administered, been able to detect them in this fluid.

To ascertain whether the sulphites passed through the system unchanged, and also to arrive at the therapeutic value of these agents, I administered the bisulphite of soda|| in a variety of cases, and in the following collected the urine for examination:

A case of hospital gangrene; one of gunshot wound of perineum with symptoms of pyæmia; one of scaly eruptive

* Fresenius, Op. Cit., Page 130.

† Bird on Urinary Deposits, Page 86 and 116., Lehman’s Physiological Chemistry, Vol. 1. Page 165, foot note. Beale on Urinary Deposits, etc.

‡ Traité de Clinique Op. Cit., Page 513, and Fresenius Quant. Analysis, Page 236, contain full details.

|| Prepared by Messrs. W. J. M. Gordon & Bro. of this city.

disease of long standing; one of typhoid fever; one of rubeola. From one to two drachms were administered daily. The remedy seemed to produce but few physiological effects. The pulse and respiration were unaffected, and careful thermometric observations disclosed no departure from the heat wave-line normal to each case. No gaseous eructations were reported, but some epigastric uneasiness was experienced after the ingestion of each dose. This irritant effect was further exhibited in one case in nausea and increased peristaltic action. Its chief effect seemed to be diuretic. In all cases the urine was increased in amount, reaching in one instance sixty ounces daily, and slightly acid, depositing an abundant precipitate of urates on cooling. The hydrogen test gave the characteristic reaction with lead paper, but less decisively so than some normal urine used as a standard of comparison, hence the sulphur extractive appeared to be diminished. No sulphurous acid or soluble sulphite could be detected. Under these circumstances, it was presumed that it had undergone oxidation and was present as sulphate. Taking the urinary secretion of the twenty-four hours preceding the administration of the bi-sulphate of soda as the standard, it was found that the quantity of sulphuric acid rose progressively from 24 to 40 grains. A notable feature of this urine was the rapidity with which it underwent the alkaline fermentation after emission.

The therapeutic action of the bi-sulphite of soda was even less striking than the physiological. In the case of hospital gangrene, the improvement which had begun before the administration of the remedy continued in the same ratio for three days, but the gangrene reappeared on the fourth day whilst the patient's fluids were saturated with the remedy. Its effect proved to be injurious by reason of its lowering the reparative process. No appreciable therapeutic effect was observed in the other cases. In the case of gunshot wound of the perineum with symptoms of pyæmia, the remedy was withdrawn after the second dose, because the symptoms were discovered to be due to malarial poisoning and were quickly relieved by quinia. This case is a type of a large class, and hence is peculiarly instructive.

Errors arising from mistakes in diagnosis and from the sometimes impossibility of distinguishing between the *post hoc* and *propter hoc* must be taken into consideration in estimating the alleged therapeutic value of the sulphites. How often does it happen that cases of disease characterized by chills, fever, and perspiration, arising from malarial poisoning, or due to local morbid processes of a benign nature, are mistaken for pyaemia and the fortunate result ascribed to some remedy employed, supposed to be efficacious in this condition. Still more frequently is the natural progress of a case to the healthy state, or the occurrence of some critical evacuation, confounded with the effects of remedies. In some one of these modes, the writer is convinced have the sulphites appeared to confirm the theoretical views on which they are administered.

There seems to be authority then, for the following conclusions :

1st. The action of the sulphites administered by the stomach, cannot be predicated upon their actions where injected into the vessels.

2nd. The sulphites undergo oxidation in their passage through the organism and are converted into sulphates.

3d. Their physiological effects in large doses consist in slight irritation of the intestinal mucus surface, increased peristaltic action and increased diuresis—effects produced by the sulphates.

4th. Their therapeutic effects when administered by the stomach may be represented by :

5th. As a corollary from the views indicated in this paper, it is evident that if zymotic diseases are propagated by a true fermentation, the sulphates could only be effectual in their cure when administered during the period of incubation, or the true fermentation period, and before the occurrence of the secondary stage—the stage of affection of tissues and organs.

ARTICLE II.

Sulphite of Lime in Acute Puerperal Anæmia.

CASE REPORTED BY W. V. V. ROSA, M.D., OF WATERTOWN, N. Y.

CALLED June 18, 1864, in consultation to see Mrs. Auburn, aged about 26 years, delivered June 2nd, with forceps; no hæmorrhage, and, for an instrumental delivery, quite easy; Temperament nervous. Was pale but not anæmic before confinement; somewhat scrofulous. Found her with skin colorless; face and feet œdematous and cold; pulse very feeble; about 130 per minute; mind wandering at times; occasional slight spasms; no appetite; taste diminished; nausea and vomiting frequent; headache; dizziness; tinnitus; pupils dilated; temperature of general surface below natural; bowels tympanitic and loose; stools dark; urine scanty with but little sediment; no albumen; very irritable; restless night and day; sensibility of skin and touch diminished; lochia continued, but very pale and scanty; no secretion of milk.

There was no evidence of organic disease or inflammatory action; no tenderness of abdomen; her debility was so great, and the blood so impoverished, that she was directed not to sit up nor to be raised even in bed for fear of fatal syncope.

At first considered the case hopeless. Yet reflecting upon the similarity of the white globules of the blood to pus globules as examined by the microscope, and upon the development of the white globules in such cases independent of known organic lesion—as if by self propagation or zymotic process—and remembering the experiments of Polli with Sulphite of Lime, Soda, etc., in zymatic or pyemic disease, it was concluded to test their action.

The Sulphite of Lime was therefore at once given in moderate doses, four times per day, and at the same time as a temporary tonic and stimulant, adapted to the bloodless condition of the brain, very small doses of muriate of morphine were prescribed. The morphine quieted the stomach and bowels, and enabled the brain to furnish force for digestion which immediately recommenced; the skin and extremities resumed

sensibility and warmth; parts where mustard had been applied, three days before without irritation, at once began to burn, though they had been thoroughly washed when the plasters were removed; there was pain also in passing urine from returning sensibility to the injury sustained during labor, though not felt before and the nausea, tinnitus, and spasms ceased.

This control, of immediately dangerous symptoms allowed time for the use of the sulphite to change the general condition, and thus remove their cause. A few doses of syrup of the pyrophosphate of iron were added after a time. Her improvement was prompt, regular, and rapid.

On the 15 of July, she could sit in the yard out of doors, and by the 22nd of August could do light house-work and medicine was discontinued, she being in fair health and her blood of good colour and quality.

The morphine was used temporarily and only to sustain the brain during the prostration of the first ten days.

The phosphate of iron though assisting somewhat, took but a very secondary part in the treatment. The great change of general condition and blood improvement was due, so far as we can judge, to the sulphite of lime.

The case squares with the recoveries from pyunia reported lately and is suggestive as to the pathology as well as treatment of anaemia.

At present, July, 1865, the patient is in excellent health, and her blood in perfect condition.

ARTICLE III.

Phogadenia Oris in Adults.

BY W. H. DAUGHERTY, M.D., LITTLE EAGLE, KY.

MESSRS. EDITORS:—During the months of August, September, and October, I was acting surgeon to the Military Post at Big Eagle Bridge, Ky., commanded by Capt J. F. Mussleman. During that time there was a number of the command on the sick list. An epidemic of flux was raging in the vicinity, but we had only one case in camp; a great portion of the

command were lads, recruited in this country [Scott] and the adjoining county of Harrison, many of whom had Rubeola, following which were eleven well marked cases of *Phagadenia Oris*, for I can call it nothing else. There was nothing peculiar or interesting in the cases of Rubeola or its consequences, except the Phagadenia, which affection shall receive my attention for the present. The first case that presented itself was a young man, aged 19 years; the left cheek was considerably swollen, with a dirty, gray, ash-colored ulcer, with dark edges on the inside of the cheek, with an exudation of yellowish matter; breath fœtid, profuse discharge of saliva, at times streaked with blood; the ulcer was circumscribed; the gums not implicated. I cauterized the ulcer with Nitras Argenti; gave a mercurial cathartic; next day pain and swelling increased; gums swollen; scarified the gums; gave an additional cathartic of rubeola and magnesia; applied the Nitras Argenti again; he grew worse daily, and at the end of one week was sent to headquarters hospital, at Frankfort, where I learned, he finally, after much suffering, recovered. Case after case followed each other in rapid succession, until I had ten cases in the hospital at one time. All were taken very much alike; each case was preceded by measles, and tonics were indicated; a little further use of the nitras argenti convinced me that it did no good; I therefore discarded it and mineral acid applications, and used the following local applications. *R. Sulph. Cupri. ʒii; Cinchona Pulv. ʒss; Aqua. ʒiv;* used every morning; at night used *R. Sulph. Zinc ʒi; Potassa Chloras; Tinct. Myrr. and honey aa. ʒii; Aqua. ʒviij.* These applications were used alternately; the secretions from the stomach and bowels were carefully attended to; their diet was changed from "hard tack" to one more palatable and nutritious. Bourbon whiskey and quinia were used daily, in these cases of extreme debility; stimulants and iron were freely employed; Chlorate of Potash grs. i ij.—v was used twice a day in each case; each case recovered slowly, except one who is now [Dec. 20,] under treatment at Georgetown, Ky.

Now what I consider interesting in these cases, is, 1st they

were all adults from 16 to 20 years of age; 2nd, the disease in every case was preceded by rubeola; and 3d, their uniform mildness and recovery, without scarcely any deformity; only one presented a corrugated cicatrix of any importance; several teeth were extracted and their cavities thoroughly syringed with the above solution.

The case now under treatment at Georgetown, and the one sent to Frankfort, were both I think materially injured by caustic and mineral acid applications; the remaining cases yielded gradually to the treatment named, and are now performing soldier's duty.

ARTICLE IV.

A Case of Catalepsy.

BY SAMUEL MARTIN, M.D., XENIA, O.

Saturday, Feb. 4, 1865.—Mr.—, very excitable, was engaged with some friends discussing the peace question, of the distinguished sages of our country, when an expression was made by one of them that "peace should be written in letters of gold over every door in the country." He returned home in the evening very much excited, and retired about 9 o'clock, but slept none during the night. Sabbath 5th. In the morning his mother visited his room, he remarked to her in ecstasy, "see the letters of gold over my door, announcing peace." The patient has been the subject of epilepsy for years, and for some time past has been rather melancholy; felt he had occasionally done something wrong but unintentionally. He remained at home the entire Sabbath, brooding over the peace news, and the glowing conversation of the previous day. At night he went to his bedroom, put on his night-dress, but remained standing erect in one position for two hours, and no persuasion could induce him to change his motionless attitude. At length he was placed in bed. Monday morning, 6th, he was discovered apparently dead. I visited him; found him in bed; his eyes wide open and staring; his countenance pale and expression perfectly inanimate; the pupils of the eyes dilated without perceptible contraction on

the approach of candle-light. The action of the respiratory organs was imperceptible; the pulse over 100; the skin warm and perspiring. From my knowledge of his constitution and previous disease, I concluded to bleed him, but on raising his arm and applying the bandage it remained extended without any support; then I discovered distinctly his cataleptic condition. The above preparations being made, I at once thought to try the effects of the lancet puncture on his dormant sensibility, and took about two ounces of blood; I desired to observe the effects of the puncture rather than any good or evil that would be derived from the abstraction of blood. The puncture gave no evidence of pain; the arm retaining its elevated position, I then extended both arms, and there they remained; I flexed them and they remained so; separated the fingers like a fan; opened and shut the hands, and they retained every position in which they were placed. He looked, indeed, like a lifeless marble statue, unconscious of all surrounding circumstances. I applied a few drops of liquor ammonia on a handkerchief, and passed it quickly over his lips; instantly the eyelids shut, and remained so; I raised them frequently, but they immediately resumed their closed position. Professional engagements required that I should absent myself for a short time. On my return I placed him in a sitting position in bed; not a comfortable one for the inferior extremities; extended and flexed his arms alternately, and still the position he was placed in, he retained. There was no muscular resistance to any position you pleased to place the trunk and extremities, however uncomfortable. Language cannot describe the singular inanimate expression as he sat erect with hands and arms elevated and extended. About 4 o'clock P.M., I could observe some motion of the lips and in a short time after, the muscles of the face and countenance presented a living expression. He waked up, was taciturn, incoherent but calm. Tuesday 7th. Patient comfortable; still confined to bed; had some appetite, but no recollection of the past. On his recovery he had heard the word "Catalepsy," and felt anxious to know if anything had taken place respecting himself.

Wednesday 8th. In his usual state of health. Any attempt to explain this singular disease would be a hopeless failure. The patient has been for years the subject of epilepsy. His anxious parents, had some time previously placed him under the treatment of an eminent [?] Professor in the Cincinnati Eclectic School of Medicine, etc. etc., for treatment of epilepsy, up to the time of his present illness. His father regards the Professor a "philosopher in medicine," and during his present anxiety wrote or telegraphed the doctor, and had a reply the same day. The *philosopher* criticised the bleeding, to which I do not particularly object. My patient's father told me that the Professor treated epilepsy and catalepsy as specialties, and of course has rare opportunities which cannot fall under the observation of less favored practitioners. Happy the admiring students who attend these wards.

ARTICLE V.

Epidemic Cerebro-Spinal Meningitis.

BY WM. T. CLELAND, M.D.

KEWANA, FULTON CO., IND., July, 1865.

THIS disease having been during the past two years a subject of controversy in the Medical journals of the Western and Southern States has brought to the Medical Profession facts in reference to the symptoms of this disease unmistakable in their character; and I presume in those localities where it is prevalent that its ravages as an epidemic can no longer be a question of doubt. And, indeed, my observations, although limited, have convinced me that this disease, under an endemic condition of the nervous system, and a vitiated condition of the secretions and circulation, is contagious.

In proof of this assertion, I will present a case or two which came under my own observation. On the 12th day of April last, I was requested to visit Wm. H., aged fifteen years, who was taken with a violent chill in the night, after an excessive day's labor. Not being able to visit him, in consequence of an obstetrical case, for twenty-four hours, Dr. Harter, of Rochester, Ind., was sent for, and promptly applied the reme-

dies, which consisted of vesication over the spine, lungs and extremities. On the morning of the 14th I visited the patient, found paralysis of the right side of the body *subsultus tendinum*; pupils dilated; pulse 150; system prostrated, and at intervals of fifteen minutes, spasmodic; action of the whole system so violent that it became necessary to use muscular force to restrain the action of the extremities. These symptoms continued until 2 o'clock, when the patient expired. Miss J. M., a schoolmate, was in attendance upon this young man during his sickness, was attacked on the 16th in a milder form, there being not as much excitement of the nervous system. I adopted a prompt course of treatment, using counter-irritants to the extremities over the cervical vertebra, and internally tonics and alteratives, to produce an action of the morbid conditions of the secretions, and arouse the lethargic and paralyzed state of the patient; but on the fifth day she expired.

Several other cases in the same vicinity occurred, but all recovered. In another locality, some five miles south-east from the one previously mentioned, I was on the 9th day of May last, requested to visit the infant child of Dr. S., found the pulse 120 per minute; inflamed tonsils and soft parts of the fauces also; head drawn back; system prostrated. Gave hyd. sub. mur., five grains; leptandrin, five grains; rhubarb, six grains; a powder every three hours; epispastics to spine and throat and extremities. This patient recovered. In three days after I visited this child, two of the older children of the same family had a violent attack of the disease while in the field, were sent to the house and an Eclectic physician sent for, Dr. J. Q. H., and on his arrival and examination, he pronounced them both poisoned. After exhausting his antidotes to counteract the poison, the children both died with Cerebro-Spinal Meningitis in twenty-four hours after they were indisposed.

There is, I presume, no doubt in the minds of the Medical Faculty, who have observed the progress of this fatal disease, of its epidemic character; and time will bring forth proof of its contagiousness. Excessive labor of the mind or body, with

a vitiated condition of the secretions, acted upon by an extraneous prolific agent, predisposes the system to this epidemic. That those who are attacked with the disease, are suffering from a specific poison, no practitioner, acquainted with the symptomatology of this epidemic, will doubt. But all who practice for the purpose of alleviating the sufferings of the human family, should learn to distinguish between vegetable, mineral, and poison generated by disease of the animal economy, so as to make the proper application of remedies in counteracting disease produced from those poisons, and thus prolonging human life.

Medical Societies.

Proceedings of the Cincinnati Academy of Medicine.

R. R. MC ILVAINE, M.D., PRESIDENT, in the Chair.

Reported by C. P. WILSON, M.D., Secretary.

[Discussion of Phlegmasia dolens concluded.]

Dr. Patton stated, in reply to *Dr. Richardson's* observation of the slight tendency to coagulation of the blood in the arteries, as compared with the veins, that this could be partly explained on physical principles alone. The capacity of the venous system is three times as great as the arterial in the ordinary condition of the circulation. The rapidity of movement in the two systems will bear an inverse ratio to their respective capacities; for instance, if in a given length, the veins contain three times as much blood as the arteries, the fluid will move with only one-third the velocity; and, as stasis favors coagulation, there would be just three times greater liability of coagulation in the veins than in the arteries. Again, the circulation in the veins is more affected by the force of gravity than that of the arteries; especially where there is a deficiency of tone in the veins themselves. This, in conjunction with gravitation, by tending to retard the ascent of the blood from depending parts of the system, would occasion increased pressure on the walls of the vessels, and an increase in the quantity of blood they contain, so that the ratio

would probably be as great as one to five, comparing the velocity of the arterial with the venous circulation, in those states of system in which *phlegmasia dolens* usually happen. Furthermore, it may be that venous blood, not being so highly vitalized as arterial, containing less oxygen and more carbon, also the elements of effete or retrograde metamorphosis in larger proportion, would have greater tendency to form coagula of little vitality, prone to retrograde change, or low organization, than characterizes arterial blood.

Relative to the coagulation in the vein becoming organized into an impervious cord, as objected to by Dr. John Davis; he (Dr. P.) believed, that in some rare cases, where the fibrin of the coagula is more highly elaborated than usually obtains in these cases, fibro-cellular structure might be developed. It is well known that a clot or coagula, from effusion of blood, upon or between the cerebral meninges, assisted by surrounding inflammatory excitement, may be transformed into cellulo-fibrous material, not distinguishable, by post-mortem examination, from the dura-mater itself. So, in like manner in the vein, promoted, probably, by the contiguity of inflammatory action, the lymph effused upon the lining, not advancing to suppuration; and, both possessing higher vitality than usual, might unite together, and be transformed and condensed into a cellulo-fibrous cord, rendering the occlusion of the vessel permanent and complete.

In a paper during this discussion, it was then stated that *phlegmasia dolens* usually occurred in adynamic states of the system, with some *dyscrasia* of the blood. He thought, on investigation, this would be conceded to be essentially one of *hyperinosis*, or excess of fibrin and colorless corpuscles, tending to organization of little vitality; and, with at the same time, a diminution in the quantity and quality of the red corpuscles. The researches of Andral and Gavarret show not only an excess of fibrin and a diminution of the red particles in the latter months of pregnancy, but, also, the same state of blood in the advanced stage of cancerous tubercular and scrofulous affections. Able authorities state that *phlegmasia dolens* is frequently observed in phthisis, which is not in itself an in-

flammatory disease; its distinguishing element being, as is well known, defective nutritive power. In true inflammatory diseases, especially of an acute or sthenic character, fibrin is said to be in excess; but the fact should be remembered, that coagulation is retarded in inflammatory diseases, even where in excess; and also, that the exudation, coagulable lymph or fibrin, in acute inflammation, in a healthy individual, has a high susceptibility to organization, or capacity for life, which does not obtain in bad habits of blood, attended with depressed vital power. It is an important fact, that the quantity of fibrin in the blood and the facility with which it may enter into varieties of coagulation, eventuating in fibro-cartilage, gray tubercle, etc., are by no means in proportion to its plasticity, or capacity to become highly organized, and therefore can not always be taken as an index of the vital activity of the sanguiferous functions. It exists abundantly in many cachectic states of the system, prone to effusion and ultimate degeneration or low organization, resembling more coagulated albumen than the more highly vitalized form of proteine. The coagulation of *phlegmasia dolens* he regards as approximating this variety, and rendered probable by the state of the blood and system at the time of its occurrence. The coagula, then, having this low organization or vitality, there would be a greater likelihood of its retrograding, or going back to its original, or a lower state, than passing into a higher condition of organization; and this we find to be universally the fact, the changes beginning in the centre of the coagulation. Erichsen writes, where resolution takes place, "a channel forms through the axis of the coagula, allowing the circulation through the vein to be re-established." Virchow, although not a believer in pyæmia in these cases, his opinion being that white corpuscles have been mistaken for pus cells, he states that a sort of softening, or retrograde metamorphosis takes place, beginning in the centre of the thrombus or coagulum, breaking it down into debris of very minute particles, *puriform*, i. e., having the appearance of pus, though not real pus; but composed of very minute granules and white or colorless corpuscles, the latter existing in the clot at the time of its coagulation; and, that

these elements entering the circulation, not being truly pus-cells, can not produce pyæmia. This may serve to explain and be accepted as the *rationale* of resolution. It is not contended that pus is developed in, or from the centre of the coagulation, as Gulliver and others have demonstrated that this fluid, described as pus, is merely disintegrated, or broken down fibrin; but, it is maintained, that it may be generated by the *secondary* phlebitis, where this extends to the epithelial lining, from the external and middle coats; and be found, as stated by Erichsen, "between the lining of the vessel and the coagulum, by the softening of which it gains access to the circulation, developing pyæmia." This more fully accords with subsequent symptoms and facts, and seems more probable than that matters exuded upon the internal surface of the vein, should, according to Virchow, pass again into the layers of that vessel, thereby producing secondary phlebitis and a thickening of its coats. The internal surface or lining of the vein, says Wilson, is serous, with a layer of epithelium. Pus-cells are thrown off from such surfaces in other portions of the body, and why not from the veins also?

Relative to the red particles, they are deficient in different derangements of the uterine function, as amenorrhœa, chlorosis, etc., as well as normally in the latter months of gestation; in scrofulous, tubercular and cancerous diseases; toward the termination of fevers; in the lymphatic temperament; in anæmia; and in short, in the various diseases and states of system, in which *phlegmasia dolens* usually occurs. It is a fact to be remembered in this connection, that in any loss or abstraction of blood, the red corpuscles are diminished much more largely than its constituents. Nearly every prominent authority, in treating of this malady, remarks in the language of Ramsbotham, that "the great proportion of cases of *phlegmasia dolens* follow excessive uterine hæmorrhage." This is the opinion of Davis, Merriman, Hewitt, White, Tyler Smith and Dewees. The latter, in his *Diseases of Females*, writes, "Were we to decide from our own experience as to the frequency of its occurrence, after any one condition of the system, we should say it was more apt to follow severe uterine

losses of blood than any other single cause." From these premises, he thought the conclusion follows that the excessive diminution of the red corpuscles in profuse hæmorrhage favors and becomes the most prominent element to the accession of this disease. Ætiology and Pathology of disease are chiefly valuable as leading to their correct therapeutics. The strong probability, almost certainty, that caco-plastic hyperinosis with diminished red corpuscles, is the intimate antecedent, or attendant state of the blood of *phlegmasia dolens*, and that the inflammatory phenomena are secondary, with a tendency to depression, would, as a general rule, quite remove this affection beyond the pale of antiphlogistics. Instead of bleeding, mercury, antimony, and other lower agents, the administration of tonics, with a generous, sustaining and supporting regimen would be more rational therapeutics and prophylaxis.

Dr. Carroll said that Denman believed that *phlegmasia dolens* depended on swelling of the inguinal glands, and we should employ no active treatment till the inflammation had subsided, for fear of infecting the whole system, but after it had disappeared and the poison confined to the lower limb, then we should treat by depletion, leeches, purges, give calomel and opium and so the patients will always improve. Denman had the right theory, but he died two years before the discovery of Davis. A gentleman here to-night said that all patients were feeble who had this disease, but of the three or four cases he had seen all were stout and healthy. Constipation, or over-eating was, the prime cause he thought. Denman, Shelby and the two Dubois were in favor of leeching and bleeding. The two Dubois were also in favor of purging, giving calomel and tartar emetic. Dewees always bled. Robert Lee uses one dozen leeches, repeated three or four times, purges, and gives small doses of tartar emetic and calomel. Copeland is in favor of bleeding, application of a small blister and leeching. Puizot recommends large bleeding and a free purging with fomentations. Blundell advises depletion and so does Carmichael. Churchill directs leeching, free purging, calomel, opium and tartar emetic.

Dr. Carroll said he thought the gentleman on the other side

had little authority for their opinions, and that we should have no more theorizing, but some specimens of dissection.

Dr. Thornton said:

MR. PRESIDENT: The discussion of this question has mainly developed two views of its pathology. One class maintain that *phlegmasia dolens* is phlebitis, and that all its phenomena proceed from inflammation of the veins of the leg; whilst the other class assert that the *sine qua non*, the one thing essential to its production is coagulation of blood, or thrombosis in the veins of the limb. To this latter class he belongs. He would maintain, Mr. President, that *Phlegmasia dolens* is thrombosis, and that coagulation may be the first departure from the normal condition, or that the first step may be inflammation of the veins, which by altering the vein-walls may easily lead, by the effusion of inflammatory products, to coagulation.

The causes which may induce spontaneous coagulation of blood in the vessels are: 1st. Increased development of fibrin, the coagulating element of the blood; 2d. Arrest or retardation of the current of the circulation; 3. A roughened, irregular or altered condition of the vessels in which the blood circulates. Now the puerperal state we know increases the proportion of fibrin in the blood, and thereby increases the tendency to coagulation. But he, for his own part, apprehends the principal cause leading to coagulation is the temporary suspension, or more permanent weakening of the contractile powers of the heart and arteries, the main forces which propel the blood through the system. Blood when left at rest, whether in the vessels effused into the interior of the body, or drawn from the arm by venesection very soon coagulates. Hence syncope, the exhaustion consequent of severe labor, or any condition of the general system, inducing great debility and depression, may give rise to thrombosis. Phlebitis, by producing a stiff, artery-like condition of the veins, or roughening or irregularities, or small abscesses projecting into the interior of the veins, may lead to coagulation of blood, and consequent *phlegmasia dolens*.

Many authorities have been quoted giving their views of the

pathology of this disease. Dr. T. said he would not detain the Academy long. He would only mention a few of the best and latest. Rokitsansky has been quoted as favoring the phlebitic view of this question. Gentlemen, you will please recollect that we have no recently published opinion of this eminent pathologist on this subject. The Sydenham translation of his works which he believes is the only one in English, was published he believed in 1845, or '46. It must be recollected that Virchow's experiments and observations on thrombosis and emboli, which have thrown so much light on the pathology of many hitherto obscure affections, were not published until 1854. He knew that since that date Rokitsansky has materially modified many of his views. Prof. Simpson, of Edinburgh, in his recently published lectures, adopts the ideas of Virchow, of spontaneous coagulation of blood in the veins, as the essential pathological condition of this disease. Buchut, an eminent French pathologist, published the dissection of a case in 1844, in which he maintains that coagulation is the essential element in the pathology, although he does not assert that there may not also be inflammation. But the last great authority that he would quote on this subject is Prof. Lebert, now of the University of Breslau in Prussia, formerly of Zurich, in Switzerland. He has written a work published in 1861, on diseases of the blood and lymphatic vessels, in which he gives us the analysis and dissection of forty cases in the Paris hospitals, of true, genuine, suppurative phlebitis. He says the blood was sometimes coagulated, sometimes not, that the coagula were found firmly adherent to the vessels, that the serous coat was found roughened and in many places covered with coagulable fibrin having lost its smooth, shining appearance; that it was elevated by little sub-serous pustules; that the walls of the veins were thickened stiff adherent to the surrounding cellular tissue and in many places abscesses and collections of purulent matter were found both in the vein-walls and surrounding cellular tissue. He treats of the disease under consideration as a separate affection under a different head. He agrees with Virchow as to thrombosis constituting the essence of the disease. He gives the analysis and dissec-

tion of a few cases of *Phlegmasia dolens*, in which the coagula were found adherent, but easily separable from the internal vein-coat, which was also found perfectly smooth and normal, without any inflammatory exudation, or any suppuration, the veins not so stiff and artery-like as in true phlebitis. The external coats were somewhat thickened and adherent to surrounding cellular tissue, but no suppuration. The whole limb was found infiltrated with serous effusion, which latter phenomenon he attributes to the derangement caused by the distension and compression of the veins by the blood coagulated.

With this mass of evidence before us therefore, he would conclude that phlebitis by producing alterations in the coats of the veins, may and often does give rise to coagulation, and consequent *Phlegmasia dolens*, and that on the contrary, coagulation, coming on suddenly, without any antecedent inflammatory indications, often in parts remote from the pelvic organs, after syncope, or circumstances approaching that condition, or from other causes which weaken the force of the circulation; may produce coagulation in otherwise perfectly healthy veins, and that the impacted clot compressing on the vein-walls and entirely preventing the return of blood to the heart would produce serous effusion into the cellular membrane of the whole limb, derangement of the circulation and a condition similar to that described in the *post mortem* of the cases before mentioned. But, Mr. President, in all these cases the essential condition, whether preceded by inflammation or not, is the coagulation, and without it he does not believe a case of *Phlegmasia dolens* can exist.

Correspondence.

Transmitted Syphilis.

MADISON, IND., July 15th, 1865.

DR. STEVENS: Allow me to make some strictures upon the letter of your Xenia correspondent, dated Feb. 19th, 1865.

The transmission of syphilis from the mother to the foetus in utero is an undeniable fact, but in what manner the husband

could contract constitutional syphilis from the wife "without the primary or secondary disease," I am at a loss to conjecture. "H. R. M." does not venture any explanation. In fact, it seems to me that the whole subject is either vaguely comprehended by your correspondent, or else he has a very imperfect manner of making himself understood. In the first place, how is it possible to have constitutional "taint" without secondary symptoms? Do not all authorities on syphilis recognize the "secondary disease" as constitutional?

If there is any theory that your correspondent intends to illustrate, it is that constitutional syphilis is transmissible as such.

Syphilis, like small-pox and diseases of that class, is a "blood disease" and having a period of incubation, it would be just as reasonable to assert that one might have constitutional variola or vaccinia without the primary or initiatory stage called incubation!

Now is it not more rational, and in accordance with more recent and carefully conducted experiments and investigations on this subject, to suppose that the wife and mother in this case had some concealed syphilitic sore upon her person.

Those secondary mucus ulcers are not always found upon the genitals, nor are they always communicable in that way. The primary sore upon the husband, (for he undoubtedly had one,) may have been contracted by the lips in contact in the act of kissing.

But the history of the case, as given, does not preclude the existence of such a sore upon any part of the wife's person. The primary sore thus produced upon the husband may have been so slight as to be overlooked, or upon a portion of the body where such sores are unsuspected. The denial of the parties as to the previous existence of a "chancre," is *not* to be taken as evidence in the case. The *motive* which prompts concealment in nine cases out of ten is too powerful to be resisted. In the other case the patient is very liable to be in *error*, though his aim may be *truthful*. Before your correspondent jumps at the conclusion that constitutional syphilis is transmissible, as such, he must exclude, by actual examination and observation, all the conditions which I have mentioned.

Dr. Bumstead relates the history of several cases which a merely superficial observation taken in connection with the patient's own statement, would have decided to be of your correspondent's kind. But a rigid inquiry into the history of those cases, revealed the fact that they were contracted in the usual way, *i. e.*, by a "chancre" or primary sore, the result of inoculation from the virus of a secondary mucus ulcer. Hence we conclude that there can be no constitutional syphilis without a primary sore, (chancre.)

D. W. F.

Letter from Rio Janeiro.

We find the following very interesting letter in a recent number of the *Boston Medical and Surgical Journal*. Dr. Cotting is attached to Prof. Agassiz group of explorers in South America. The letter will be read with special interest.

RIO DE JANEIRO, May 31st, 1865.)

12—2 P. M. (Boston time). }

"DR. R. M. HODGES.—*My Dear Doctor*:—In this "far-off land where endless summer reigns," and *rains* often, as now, so copiously that to cross the street one must hire a negro slave to carry him in arms (price one "dump," equivalent to a penny,) even here, so far off, the return of *this hour* carries one's thoughts back to his own land, where now, perhaps in sleety breezes, the members of our profession are assembling with a nobler zeal for their calling, and a friendlier interest in each other, than has ever yet been known among their brethren of this warmer clime. If I could send you a toast for the pleasanter portion of to-day's exercises, one that would embody the result of a short experience here, I would give: The continued and lasting prosperity of our medical societies—the dignity of the profession is not more truly sustained by the scientific attainments of individual members than by their frequent meetings for professional and friendly intercourse with one another. In these regions medical societies are unknown; social gatherings are unheard of. The government looks after the profession—fining irregular practitioners when complained of, and regular ones when riding too fast on *horse-*

back to their patients—one may ride at any speed in a vehicle drawn by as many mules as he chooses. Heretofore great jealousy has existed toward foreigners, who, as a rule, have been better educated and superior to native practitioners. This, however, is now passing off, and a better feeling begins to prevail, to the advantage of both parties. Means for professional study have been increased, and local instruction for students is said to be ample and thorough—as much so as in schools elsewhere. Hospitals are sufficiently numerous, and some are not surpassed in any country—for instance, the Don Pedro II. Asylum for the Insane; and the Misericordia, a general hospital, at Rio. The new portions of the latter are remarkable, surpassing any of the kind I have ever seen, in order, neatness, freedom from odors, arrangement and general appearance of the wards. Large, long, high-ceiled rooms, with numerous windows opening to the floor, little iron bedsteads, clean bedding, with bright red blankets nicely folded at the foot of each, perfectly white walls, waxed and polished floors, and doors also, of the beautiful woods of the country, long parallel corridors, court-yard gardens fitted with walks and shaded seats—all give an air of unsurpassed elegance to this home of the afflicted. Nor will one be disappointed in the details of the establishment, over which Sisters of Charity (all from France, I believe) preside with their accustomed and proverbial devotion.

“On inquiring what diseases prevail most, I was surprised to learn that tubercular consumption is by far the most frequent disease, not only at Rio, but throughout the Empire. This has been the unanimous reply of medical men here, and from other parts of the country, both native and foreign. Some rate the proportion of deaths as high as one in four, others one in six or seven, of the whole number from all causes. As to the cause of the disease the answer is, on the one hand comparatively luxurious living and mental anxiety to obtain it, and, on the other, the insufficient supply of animal food and its poor quality; intemperance; and harder work than formerly of the free laborers, etc., etc. The heat of the climate is also considered and emphasized as a principal cause; but on

my asking if moisture had not something to do with it, I was answered that, on the contrary, moisture has been diminishing during the thirty years past, while phthisis has been at the same time on the increase. Moreover, the disease has been known to select certain houses or spots remarkable for their healthy position in other respects, removed from water-courses or dampness, in every way unobjectionable, and seize upon every family that dared to occupy such places, through a series of years, until these residences were abandoned and left to ruin through fear of an inevitable attack. Other instances have been known where the disease has occurred in attendants on the sick in such lengthened series as to give rise to a popular belief that it can be communicated from one person to another. Indeed, a prominent physician of Palma maintains that it is as contagious as small-pox, and brings no small array of facts in support of his argument. What will be said to this by our friends who loudly denounce those who can not see with their theory-tinted spectacles? Here are facts noted by gentlemen who have no hypothesis to support. They notice that the disease has been on the increase, while the atmosphere has at the same time become more dry; that the worst places have not been in the neighborhood of water, nor such as have been subject to fogs or dampness; while they admit their inability to explain fully its frequency or its increase. Surely such a world-spread disease must have some other origin than one to be indicated by the thermometer or gauged by the drosometer.

“While phthisis is so common here, all aver that pneumonia and pleurisy are comparatively unknown—one eminent practitioner saying that in twenty years he had not seen more than four or five cases. Dysentery and diarrhœa are not very frequent. Most practitioners “rely on the calomel practice” in these complaints—other treatment not being so well borne. Elephantiasis and lepra figure largely among skin diseases hereabouts, especially such cases as come to the hospitals, one of which is devoted to their treatment. Hydrocele is also a very common affection. In the streets can be seen at any time numbers of negroes, knock-kneed and otherwise

distorted; made so by the great burdens they carry on their heads, and perhaps also by the way they are themselves carried when infants—astride their mothers' backs. I once saw a negro slave carrying a barrel of sugar on his head!

—But as I did not come to Brazil to study its diseases, I will not longer trouble you with such matters. I will merely add a word or two concerning our own party. Since entering the tropics, nearly all have experienced some discomfort or disorder: three or four have been, temporarily, quite ill. One, the conchologist, though convalescent, will return by the first direct opportunity. Another, zoologist, who has had an attack of varioloid, will leave for Europe, homeward bound, on the first steamer suiting his convenience. Whither, also, may go your humble servant, unless health, which has suffered materially, soon alters for the better. The chief discomforts have arisen from derangements of the digestive organs—an indescribable lassitude, a difficulty of progression which requires the utmost effort of a reluctant will to overcome, a leaden heaviness of the feet, with a confused aching of the head on any continued exertion—and occasionally strong indications of fever. But all these have been mostly overcome by prudence, or have nearly passed off spontaneously. Notwithstanding these partial drawbacks, the country hereabouts has been examined pretty thoroughly, by some or other of us to a distance of nearly two hundred miles into the interior. The flora and fauna are so very different from those of the North, that Prof. Agassiz seems quite overtaken in the multitude of interesting objects presented to his observation; and specimens have been collected thus far sufficient of themselves, one might say, to nearly make up a cargo. He has already made out over twenty new genera and species of fishes—a notable circumstance when it is remembered that his first great work was the classification and description of fishes collected in Brazil by Spix and Von Martins. Many leading citizens, including the Emperor himself, take great interest in the Professor's investigations. By the way, the Emperor is truly a very remarkable man. He is more a student than a ruler; a philosopher rather than a leader. Well posted in science,

he questions quite closely those he sends for, on their special subjects, the latest discoveries and discussions—men and things. For instance, he asked the other day about your ether question, the comparative dangers of ether and chloroform, and also the operation of tracheotomy. He often sends for Prof. Agassiz, and offers him varied and valuable assistance in furtherance of his journey and the great object he has at heart.

"But I must stop, or else you will have reason for wishing that I had remained at home to save you from reading my long-spun letter.

"Kind remembrances to our professional and other friends.

"Yours faithfully,

B. E. COTTING."

Letter from Dr. Homberger, of New York.

WE cheerfully give place to the following letter: It is certainly not the intention of this Journal, and we think not that of its Ophthalmological contributor to reflect unjustly or unkindly upon any one. We have no other comment to make.

Eds. L. & O.

"NEW YORK, July 21st, 1865.

"DR. E. B. STEVENS, Cincinnati—*Dear Sir*:—A friend has just brought to my notice the letter of your correspondent, 'The Ophthalmological Department,' in which I find some remarks referring to myself personally, which I consider it due to myself to refute, and I hope you will not deny me the use of your columns for that purpose.

"I do not enter into the defense of my views, as set forth in my report to the American Medical Association, but confine myself to an analysis of the personal attack of your correspondent. He says: 'Unfortunately, the Association had appointed a man from New York city, on a special committee, to report on Specialists and Specialties, who had not only sought the position, but who is using it for self-advertisement.'

"Whether the choice of our honored President, Dr. N. S. Davis, of Chicago, was a judicious one, is not for me to decide,

but I emphatically deny to have made any effort whatever to be appointed on the Committee, or to be made its Chairman. Besides, I believe that Dr. Davis has not during his career as President of the American Medical Association shown a propensity to be influenced in his actions by 'office-seekers,' and I think appointed me last year as his Chairman of that Committee, because I was the first, in Chicago, 1863, who brought the question of Specialties and Specialists before the American Medical Association.

"Equally unjust, I think, is the assertion that I *am using the position for self-advertisement*. The report was written during the month of May. I went to Boston on the fourth of June, read it to the Association, and the Association received it with disfavor. Is that in your opinion, using the position for advertising purposes? I do not see how your correspondent can justify his assertion. He further states :

"His criticisms of the code of Ethics and his views in regard to advertising, are as objectionable to all respectable specialists, as they are to the rest of the Committee and the Association generally.

"I think the question whether my views are objectionable or not, is not the question at issue; the question is whether I am right or wrong. If I am right, the objections will soon be removed, if I am wrong, I said in the report, I am ready to change my views and the measures which I propose for the eradication of quackery. It would be, therefore, fair and just that your correspondent should first refute my arguments, and even after that I think it would be gentlemanly and courteous not to impeach the motives which have prompted me in writing the 'objectionable' report, but to honor the convictions of a professional brother who, whatever he may advocate in theory, has never as yet practically infringed any of the laws of the code of Ethics.

"I shall send you and your correspondent a copy of my report, and I trust you will try to refute my arguments without indulging in personal attacks, which I have not deserved.

"I conclude by stating that I know of no American School of Ophthalmologists, that I am a pupil and humble follower

of the creators of scientific Ophthalmology, wherever they may have been born. I happen to have been the first regular physician in New York who made Ophthalmology a specialty, and had the courage to call himself an 'Oculist' and 'Specialist,' without being afraid of being confounded with quacks, but am not aware of ever having claimed any 'championship' whatever. I believe that no one can help to stand on his merits, and that fame can not be artificially gotten up.

"Excuse, dear sir, the length of this epistle. I have no doubt that your correspondent has attacked me, not with malice, but in error, and subscribe myself

"Your obedient servant, JULIUS HOMBERGER."

Reviews and Notices.

The Renewal of Life : Lectures chiefly Clinical. By THOMAS KING CHAMBERS, M.D., Honorary Physician to H. R. H., the Prince of Wales ; Physician to St. Mary's and the Lock Hospitals. From the Third London Edition. Philadelphia : Lindsay & Blakiston. 1865.

The book before us, by that most careful thinker and medical philosopher, Dr. Chambers, combines two prominent excellencies, which latterly have not gone together. It is firstly a report of clinical teaching, at least the chief portion of the volume is made up from material of this character, with certain connecting chapters or lectures expository of doctrines which do not naturally spring from the consideration of actual cases. But then beyond this, in the process of repeated editions, Dr. Chambers' present work has been so condensed and arranged as at the same time to present the regularity of a systematic treatise. We say we have not observed this combined excellence in the many otherwise valuable and attractive clinical volumes which have been presented to the profession during the past few years, and we have heretofore had occasion to remark the deficiency.

There are forty-two lectures in this work. Many of the most important topics in practical medicine are presented, together with some of the leading doctrines of pathology ; and

from motives of personal inquiry we have already had occasion to read several of these chapters with much pleasure and interest.

Several lectures are devoted to what our author styles *Typh Fever*. Dr. Chambers uses this short term as a matter of convenience, expressive of all the various forms of low continued fevers, embracing *typhus* and *typhoid* fevers, and also the various shades in which cases grade from one to the other form. He recognizes distinctly the pathological peculiarities of these cases, but does not carry these pathological distinctions into treatment, but evidently seems to regard the same general principles of treatment applicable to all forms of low continued fever, as observed in the metropolis of London. The discussion of the causes, together with the stage of incubation, which Dr. C. regards as essential or zymotic in their character; his gradual, step by step, unfolding of the elements of *typh fever*; and his final delineation of the treatment will be read with much interest; all the more as these all naturally present themselves in connection with clinical studies.

"As to the use of alcohol," says our author, "I am guided almost entirely by the condition of the nervous system. If there is very complete prostration and delirium of a low, muttering character, it is required. A tremulous state of the muscles, marked especially by a quivering of the hands and fingers, is a good test of the necessity for it; and so is the sharp, weak, unequal beat of the heart. All these indicate that the nervous system is feeling very sensitively the destructive metamorphosis going on, and has its power lowered by its sensitiveness. Then is the opportunity for the powerful anæsthetic alcohol, which in severe cases, you see me order without scruple, but which I do not rank as a part of the necessary *methodus medendi* of fever. Above all, I would caution you against employing it as a substitute for the treatment which I have been describing. Wine may be useful as an adjunct, but never must it take the place of the true restoratives." These views are highly important, and should never be lost sight of in intelligent therapeutics. Alike important are the following, in his summing remarks: "In the

sequelæ of low fevers, more than in any other diseases, the great difference between one patient and another as respects their power of recovery, lies in their stomach," and again, "The moral of these cases is to do all you can to increase the appetite, and strengthen the digestive powers. Reckon the value of this drug and that drug, one tonic and another tonic, solely by the effect they have on the desire for food. If any remedy lessen this desire, insist upon leaving it off, whatever authorities may have recommended it; and form your judgment, not from tradition or prescription, but from its effect in the particular case before you."

It will scarcely be difficult after following our author thus far, to comprehend the force of the title of these lectures, "The Renewal of Life." "The main point," says he, "for the physician's consideration in disease, is the deficiency of vital action."

Small-Pox, Rheumatic Fever, Pleurisy, Pneumonia, Anæmia, Purpura, Hysteria, Albuminuria, Ascites, Diabetes, On Alcohol, On Blood Letting, are amongst the many important topics embraced in the successive chapters of this volume.

In the treatment of Pneumonia, Dr. Chambers occupies a safe conservative ground. In the much debated question of blood-letting his instructions are full, careful, discriminating. He regards the abstraction of blood as one of the most powerful agents for the control of mischief coming up in the progress of pneumonic inflammation; most readily applied; most immediate in its operation. And yet one of those efficient, double-edged weapons, whose keen blade may damage friend as well as foe, unless wielded with a skillful arm. Dr. C. directs blood-letting not for the cure of a pneumonic inflammation, but as a purely mechanical agent for the relief of constantly liable complications. The temporary death of a portion of lung produces a pathological condition, whereby the normal circulation of the blood becomes impeded, and the pressing current still behind, renders the embarrassment still greater, there is dyspnœa, because the lungs have more work to do than they are capable of performing. The abstraction of blood is a direct evil so far as the material of life is con-

cerned, but under these circumstances, pain and congestion are relieved, and the condensed lung has time to resume its natural state. Dr. Chambers bleeds with one hand, however, and feeds with the other. One of the special favorite elements of treatment with our author is the envelopment of the chest in an ample linseed meal poultice. He insists upon this part of the treatment as important in its prompt beneficial effects, as above all others.

We can not further follow our author. We are heartily glad to see such books in the hands of our profession. They tend to cultivate its higher philosophy. There is nothing we so much require as to be constantly able to say exactly *why* we pursue a particular therapeutic course in any given disease; and the careful reader of this book we are very sure will lay it down with the largely increased ability to render a reason for the faith that is in him.

For sale by Robt. Clarke & Co. Price \$5.00.

On the Ultimate Nerve-Fibres distributed to Muscle, and some other tissues; with Observations upon the Structure and probable Mode of Action of a Nervous Mechanism. Being the Croonian Lecture for 1865, delivered by LIONEL S. BEALE, M.B.F.R.S., Fellow of the Royal College of Physicians, etc., etc., etc.

Our thanks are due the author of this lecture for a copy reprinted from the Proceedings of the Royal Society, but we have as yet had no leisure for its perusal, and for the present must be contented with making this simple acknowledgment. A foot note states that the lecture will be republished, with the drawings and diagrams illustrative of the text of the lecture; when we may hope to do Dr. Beale better justice.

Braithwaite's Retrospect. Part II. July, 1865.

The Fifty-First Part of this old established serial is before us. There is no medical journal so widely known and read; and we need only say that the present Part fully sustains its character for a careful condensed abstract of the medical literature of the past six months. The price is \$2.50 a year, or \$1.50 for each semi-annual part, and is on sale by all leading booksellers.

Editor's Table.

"*The Overwrought Mind.*"—Under this caption, an editorial in a recent number of the *London Lancet*, takes occasion to improve the sad suicide of Admiral Fitzroy. The officer in question was a gentleman of probity, no blemish upon his personal character, and enjoying a high scientific reputation; but under the stimulus of ambitious resolves he had kept his brain in a state of tension until it yielded to the strain. *His mind was overwrought.*

We readily understand how the poor, wretched and dissolute speculator and disappointed schemer, thwarted in his plans, bankrupt in means, dishonored in reputation, suddenly yields to his maddening fate and insanely rushes in, unbidden to the presence of his Maker. These are not rare horrors; and if we were only awake to their reality, are we not tending to a sadder state of social wrong in the premature exhaustion of our men of brains?

We pay dearly for mental triumphs if it be at the expense of the early sacrifice of the lives of their authors. There is a tremendous activity of mind and body throughout the world at the present moment. The Oceanic Telegraph just now striving to connect the two worlds is only one of the vast enterprises enlisting human energy; and then, too, in all the walks of Society, there is a wonderful activity of intelligence demanded. The *Lancet* remarks upon this point, that "At no period of our social or political history have the mental energies of those occupying responsible positions been more severely taxed. The extent of our commercial enterprises, the complications of our national relations, demand from all connected with either, an exercise of thought and judgment which if measured by the importance of the results, would appear to be too much for individual minds."

We have felt that all this truth was particularly applicable to the profession of medicine. And we have certainly had most painful illustrations of the over-wrought doctor in this city within the past twelvemonth, or so.

Physicians in this city, as elsewhere, know no rest. It is constant toil of brain and muscle from the time they enter upon practice until they drop dead in the harness. At the outset of life they are mostly poor men, often in debt for their professional education and outfit. They toil anxiously for a long series of years for bread and butter

and position ; anxiety for success is fixed upon them by a stern necessity. In the prime of meridian life, if they have happily reached a flood-tide of success, they feel domestic and social demands goading them on, and with us Americans, doctors are permitted to take no relaxation. We work hard, live irregularly, keep bad hours, often occupy unhealthy, noxious, basement offices, do our work fast and early.

So far as the mass of statesmen, scientific laborers, literary men, are concerned, the moral is plain. Timely rest is the only true economy which will spare to us our men of brains, and permit them, with us, to enjoy the fruit of their toil. So far as the moral applies to the overwrought mind and body of physicians, the lesson stands and stares us in the face. Shall we ever be in a condition to make the remedy available ?

Plagiarism.—There is no offence in Journalism more offensive to all sense of propriety than wilful plagiarism. We should as soon be found guilty of robbing our neighbor's hen roost as to be convicted of this petty offense ; and yet it appears we stand at the bar, with some very clever fellows, and some very scurvy fellows, charged by our respected friends of the *Boston Medical and Surgical Journal*, with having appropriated matter from that journal without the proper acknowledgment. It seems that an article appears amongst the Abstracts and Selections of this Journal, as far back as last January, of this sort. We plead carelessness, and extenuate that while the credit is not given as it *should* have been, and *as we always desire, and direct that it shall be*, yet it is given as a selection, and is *not* presented as our own original matter. Does the Journal accept the *amende* ?

Medical Department of the University of Michigan.—In the advertising department of this number will be found the annual announcement of this school. We have expressed our convictions heretofore on the subject of Free Schools in Medicine, and we do not care to discuss that question at the present time. The University of Michigan has an able Medical Faculty, and we are free to concede ample means of illustrating a didactic course of teaching, but her want of any well devised hospital advantages must always be a source of embarrassment ; though from motives of economy and other attractions, very many medical students will take a first course at that school. In reference, however, to the matter of expense, our atten-

tion has been called to the fact that in the fees a discrimination is made of \$20.00 charged against students outside of Michigan against \$10.00 charged against students of the State, and that other fees make up the expense to outside students as about \$75.00. We do not mention this in disparagement, but as a real evidence of self-respect on the part of our Ann Arbor friends that we are glad to record.

Personal. — Prof. H. A. Johnson, of Chicago, is sojourning in Europe. A recent letter from him to the *Medical Examiner* gives a pleasant account of travels in Florence, Naples and Rome.

PAMPHLETS RECEIVED.

Report of the Recording Clerk of the Hospital Department, and the Physician and Superintendent of the Insane Department, for the year ending December 31st, 1864. From Dr. S. W. Butler, Physician Insane Department.

Faculty of Medicine of the McGill University, Montreal, 1865-6.

Annual Circular, Bellevue Hospital Medical College, New York, 1865-6.

From Ticknor & Fields, Boston: National Lyrics, by John B. Whittier; being one of a series of "Companion Poets for the People, Illustrated." Whittier is one of the well known National Poets of America, and the little flexible volume before us contains a collection of his most stirring productions, handsomely printed and elegantly illustrated.

For sale by Blanchard, Fourth Street. Price 50 cents.

Longview Lunatic Asylum.—The Trustees of this Institution have recently re-elected Dr. O. M. Langdon Superintendent of the Asylum for a term of six years. This is a most judicious selection. Longview Asylum is one of the best conducted Institutions of the character in the country; one of the most complete in all its regulations and appointments; and this high state of excellence is mainly due to the energetic and wise administration of Dr. Langdon, and we are, therefore, gratified that he is to continue in charge.

Northern Ohio Lunatic Asylum.—Dr. Byron Stanton, late a surgeon in active service, and recently in charge of Harper U. S. General Hospital at Detroit, is elected to the superintendency of the Northern Ohio Lunatic Asylum. This is also a very excellent appointment.

American Medical Association.—Members who desire copies of the *Transactions* for 1865, must forward their subscriptions (\$3.00) immediately. The edition will be limited to the number demanded at the time of going to press.

WM. B. ATKINSON,

Permanent Secretary, Phila.

That the above card may be more fully appreciated by our readers, we take the liberty of adding the following letter from Dr. Atkinson:

My Dear Sir: The Committee of Publication have deemed it best to announce through the medical journals of the country, the fact that owing to the large number of members present at the meeting at Boston, the usual edition of the *Transactions* will be speedily exhausted. They desire, therefore, to increase the edition from 750 copies to 1000 copies, but feel it their duty to be sure of sufficient additional subscriptions to warrant such an increase. It is believed by them that many gentlemen, after the *Transactions* are issued, will feel, in consideration of the great value of the same, desirous to obtain a copy, and as the present number of subscribers will very nearly exhaust the usual edition, it is highly necessary for them to know what additional number will be required. Therefore, if it meets your views, please insert the above, or any similar notice you may prefer.

Very respectfully,

Your obedient servant, WM. B. ATKINSON, Per. Sec.

Sanitary Measures.—We understand that the Russian Government has dispatched to this country, Dr. Haurowitz, the private physician of the Grand-Duke Constantine. He has been instructed to make the fullest examination of the sanitary arrangements made during the late rebellion, and report the result of his investigations to the Imperial Government at St. Petersburg.—*Med. and Surg. Rep.*

The Agassiz Expedition.—The Boston Transcript contains the following intelligence as to the reception of Prof. Agassiz and his party at Rio: "We are glad to learn that Mr. Agassiz and his party arrived safely at Rio Janeiro on the 22d of April, and were most kindly received. The Emperor sent a boat alongside the Colorado to take the party on shore, and in the evening had a long interview with Mr. Agassiz. The Secretary of the Treasury of Brazil gave orders to have the baggage and instruments of the party passed unopened at the Custom House, and every courtesy was extended to the members of the expedition by the officials of the Brazilian government."

Cholera.—Cholera seems to be advancing westward again from its old haunts in Asia. The mortality from it among the pilgrims to

Mecca has been reported as frightful, and its ravages seem to have commenced at Alexandria. The *Trieste Zeitung* of June 26th, says : " During the first few days 4 or 5 to 8 persons died daily, then the deaths rose to 30 to 39, and on the 17th, 61 fatal cases were reported. An official telegram from Alexandria dated to-day (26th.) estimates the number of deaths hitherto at 1034, the great majority of which belong to the native population. On the 25th, 183 persons died out of a population of 160,000. Large numbers of inhabitants were leaving the town. Arrangements have been made here that persons coming from Alexandria are to be subjected to a week's quarantine, reckoned from the day of arrival. Ships are to be ventilated and fumigated, clothes, furniture, and bedding thoroughly cleaned, and goods and letters exposed to the treatment customary in Italian ports.—*Med. and Surg. Rep.*

—The *Moniteur Universel* supplies us with official information on the new internal arrangements of *La Maternité* :

The wards intended for the reception of women in labor are divided in such a manner that they can be evacuated at stated periods. Each ward contains six beds only, and each bed is partitioned off so as to occupy a separate room with a large window. Chimneys have been substituted for stoves throughout the establishment.

When a division of six beds shall be occupied by patients, the adjacent ward will always be empty, and its windows kept open.

The wards have been fresh painted, new contrivances have been applied for the immediate removal of soiled linen and bed clothes, and all communication has been cut off between the infirmary and the wards intended for women in labor. The medical officers of the institution will never, in future, visit the Infirmary before the lying-in wards. The new constructions will be open for the reception of patients in the course of the next two months.

Curing Meat.—Baron Liebig, whose scientific investigations in regard to articles of food have been of so much use to mankind, having called attention to the serious loss of the nutriment of meats cured in the ordinary way, by being put down in brine or packed in salt, Dr. Morgan, Professor of Anatomy in the Royal College of Surgeons, in Ireland, invented the following method of curing meat, by which all the nutritive qualities of the meat are saved.

The circulatory system of the body extends to every part of the frame, in the minutest ramifications ; and Dr. Morgan seizes this

means to introduce the brine into the tissue. The animal is first killed by a blow on the head with a blunt instrument, to avoid injuring any important circulatory vessel. The chest is then opened, and an incision made in the right and left ventricles of the heart. The blood rushes forth, and when the stream slackens a tube is inserted in the left ventricle, and a stream of brine or "pickle" pours through every avenue of the body, driving the blood before it, and coming out at length in a crystal-clear stream from the right ventricle. When it is evident that not a drop of blood remains, a ligature is put around the opening in the right ventricle, and the issue of brine is stopped. It still continues to enter the body, and being taken from a raised tank, the head of seven or more pounds per square inch, suffices to force the liquid into the flesh, thoroughly permeating it with the preservative brine. The carcass of the animal, which became flabby when the blood was ejected, now stiffens, and the flesh is firm to the touch. Such is the "infiltration" of meat.

The process is a very speedy one, averaging from five to thirty minutes, according to the size of the animal, whether sheep, swine, or bullocks. The time also depends somewhat upon the future destination of the meat, whether to be packed in brine or in sawdust, or hung up to dry. In use this meat can be taken from the cask and steeped in water, or not, according to taste, and then boiled, roasted, baked, and in short, prepared in every way known to the *cuisine*. Beefsteaks and mutton chops are no longer impossibilities on extended voyages, but may be enjoyed in all their original juiciness and flavor. The process has been exhibited before the British Admiralty and before a commission appointed by the French government. The operations performed in our presence were not *experiments*.

The process has been in full trial in New York for about six months, and some thousands of animals have been cured and sold. The process was introduced into this country by Courtenay Atwood, M.D., a pupil of Dr. Morgan. His office is No. 9 Broad Street, New York; and the process is in practical operation at Mr. Cushman's, 371 and 373 West Twenty-fourth Street. In Australia and South America the cure of meats by this method is carried on, on a very extensive scale.—*Med. and Surg. Rep.*

Charity Hospital Medical College, Cleveland.—In the advertising department of this journal, will be found the announcement for the *Second Session* of this school, begun last winter under such auspicious prospects.

344 RACE STREET, CINCINNATI.

PROF. E. B. STEVENS, M.D., Editor of *Lancet and Observer* :

Dear Sir :—Since forwarding my article, "Investigations into the Use of Sulphites in Zymotic Diseases," I have happened upon an article in the *British and Foreign Medico-Chirurgical Review* for July, strongly confirmatory of my views. The article alluded to is a "Clinical Report of the Royal School of Midwifery, Milan, by Dr. Casati," and in that part of the report devoted to the puerperal state, he gives his experience with the use of the Sulphite of Magnesia, the form of this remedy which he employed.

"This medicine was given in twenty-two cases in doses of twenty grammes, divided in ten powders. (equivalent to thirty grains,) taken within twenty-four hours as a drink. Amongst these twenty-two cases were some in which it was not possible to give more than a few powders, because the condition of the patient was so bad that it was rejected. Death occurred in four ; two *suffering from puerperal fever* at the time epidemic ; sixteen patients recovered under the use of the remedy Some women, after taking one or two doses, refused to take more, complaining of the nauseous taste ; commonly frequent stools and even diarrhœa followed their use. Dr. Casati refers to the objection that the sulphite exposed to the air might be converted into the sulphate, and thus the purging might be accounted for ; also that diarrhœa is common in purpura. The latter objection does not avail because prior to the use of the sulphite the patients were costive. Upon the whole, he is unable to affirm from present observations, whether the medicine has any power of destroying or of modifying the miasmatic element or ferment, the special virus that produces or maintains the puerperal process or miliary fever."

It will be seen from the above that the cases consisted of miliary fever, except two cases of puerperal fever, treated by this remedy. There does not appear to have been a greater percentage of recoveries with the use of this remedy than by other treatment, and it is to be observed that both cases of puerperal fever treated with the sulphite of magnesia, died.

Very truly,

ROBERTS BARTHOLOW.

Army Medical Intelligence.

Promotions.—Surgeon W. S. King, U.S.A., for some time on duty in Cincinnati as Superintendent of Hospitals, etc., has been breveted Colonel for meritorious and faithful service during the late rebellion.

Major David Stanton, Surgeon U.S.V., Assistant Medical Director Department of Ohio, is breveted Lieut.-Colonel for meritorious service; also

Major C. McDermont, Surgeon U.S.V., now in charge of Camp Dennison U.S.A. General Hospital, is breveted Lieut.-Colonel for meritorious service.

Promoted—Fifty-three officers of the medical staff have just received brevet promotions. Twenty-nine of them in the regular army, and twenty-six in the volunteer service. Among the number are the following: Surgeons—Glover Perrin, of Ohio; H. R. Wirtz and Anthony Heger, Pa.; Brevet Lieut.-Col. U.S.A. Assistant Surgeons C. R. Greenleaf and V. R. Hubbard, Ohio; B. C. Frazer, H. S. Schell, C. K. Winner, C. A. McCall, W. H. Ramsey and John Brook, Pennsylvania, Brevet Majors U.S.A.; Assistant Surgeon T. Norris, Pennsylvania, Brevet Captain U.S.A.; James H. Boucher, Iowa, and H. E. Goodman, Pennsylvania, Brevet Lieut.-Colonels Volunteers; F. Lloyd and Wm. C. Daniels, Kentucky, Brevet Majors Volunteers; J. E. McGeer, Tennessee, and F. Grube, Indiana, Brevet Majors Volunteers.

Change of Headquarters.—Major-General Ord, upon assuming command of the Department of Ohio, removed his headquarters from Cincinnati to Detroit, Michigan. Col. Chas. S. Tripler, Medical Director of the Department, and Brevet Lieut.-Col. David Stanton, Assistant Medical Director have consequently removed to that city.

Assigned.—The following named medical officers have been assigned to duty by Surgeon General Barnes as Medical Directors of the Military Geographical Departments hereinafter mentioned:

Surgeon W. J. Sloane, U.S.A., Department of the East; Surgeon Josiah Simpson, U.S.A., Middle Department; Surgeon Charles S. Tripler, U.S.A., Department of the Ohio; Surgeon E. Cooper, U.S.A., Department of the Tennessee; Surgeon Alonzo J. Phelps, U.S.V., Department of Kentucky; Surgeon Eugene H. Abadie, U.S.A., Department of the Missouri; Surgeon Jas. Simons, U.S.A., Department of Virginia; Surgeon D. W. Hand, U.S.V., Department of North Carolina; Surgeon M. Clymer, U.S.V., Department of South Carolina; Surgeon J. H. Boucher, U.S.V., Department of Georgia; Surgeon A. B. Aauers, U.S.A., Department of Florida; Surgeon A. E. Goodman, U.S.V., Department of Mississippi; Surgeon J. R. Smith, U.S.A., Department of Arkansas; Surgeon P. G. S. Tenbroek, U.S.A., Department of the Columbia; Surgeon Charles McCormick, U.S.A., Department of California.

Obitua! Record.

Dr. William Williams.

DIED, in Milford, Ohio, June 22d, 1865, Dr. WILLIAM WILLIAMS, in the 84th year of his age.

Dr. Williams was one of the earliest medical settlers of Southern Ohio, having been a resident of Clermont County about forty-seven years. He received his medical education at the Medical Department of the University of Pennsylvania, and commenced the practice of his profession in Bucks County, Pennsylvania, in the year 1807, where he remained about eleven years. Removing to Ohio in the year 1818, and settling very soon after his removal to this State at the village of Milford, where he remained until his death, and engaged in practice until within six or eight years of his decease. He was a practitioner of medicine about fifty years.

Dr. Williams was for many years a consistent and reliable member of the Methodist Church, and for a long and eventful lifetime exercised a wide influence as a Christian gentleman, as well as an active, useful, intelligent physician.

Dr. A. H. Baker.

DIED, at his residence in Cincinnati, July 30th, 1865, of Pulmonary Disease, Dr. A. H. BAKER.

Dr. Baker has been a very active member of the profession in this city for many years. It was largely through his persistent energy that the Cincinnati College of Medicine and Surgery was established and sustained. Recently he met with a severe domestic affliction in the death of a son, which greatly depressed him and evidently developed the final pulmonary attack. The following is the action of the Academy of Medicine :

HALL OF ACADEMY OF MEDICINE, July 31, 1865.

At a special meeting of the Cincinnati Academy of Medicine, held this afternoon, the following preamble and resolutions, expressive of sorrow at the death of Dr A. H. Baker, were passed :

WHEREAS, In the providence of God, we are once more called upon to deplore the loss of an efficient and valuable member, in the death of our brother, Prof. A. H. Baker, M.D. We, the colaborers of the deceased, bow with reverence, and submit with humility to the sovereign dispensations of our Heavenly Father.

Resolved, That in the death of our deceased member, our Academy sustains the loss of a generous, high-minded and useful associate, against whom no imputation of disloyalty to the profession of his choice can fairly be made.

Resolved, That in our social as well as medical intercourse with the deceased, we have always found evinced by him a genial, kind and amiable disposition toward all his professional associates—ever avoiding expressions of envy and censoriousness; covering over with the mantle of charity the faults of others; exercising a Christian kindness toward those inimical to him, and always disposed to sustain the interests of his friends when improperly assailed.

Resolved, That in the death of our brother, society at large has been deprived of the benefits of a benevolent, kind and successful physician, and the poor of one who, without expectations of earthly reward, has so often soothed their sorrows and healed their diseases.

Resolved, That we most sincerely sympathize with the family of our deceased brother, in this the time of their greatest affliction.

Resolved, That as a Society, we will attend the funeral of the deceased.

R. R. McILVAINE, President.

C. P. WILSON, Secretary.

Dr. J. R. Wallace.

DIED, in Lewisburg, Preble Co., Ohio, on the 14th of July, J. R. WALLACE, M.D., aged about 42 years.

The subject of the above notice was formerly a student of Hanover College, Indiana. Where or with whom he pursued his professional studies we are unable to state, but he attended one course of lectures in the Medical College at Cleveland, Ohio, and two courses in the Medical College of Ohio, and received his degree from the latter Institution in 1859. In 1853 he received the degree of A.M. from the Wittenberg College at Springfield, Ohio. For more than two years past he was in the Medical service of the United States, being engaged in a hospital at Nashville, Tenn., but his failing health obliged him to relinquish his position, and a month or so since he came home to die.

Without having been an intimate acquaintance of the deceased, the writer of this notice can say that all he knew of Dr. Wallace was favorable to the character of a gentleman and an honorable member of the profession. He was somewhat eccentric, and at times said, and for aught we know, did things which might have made him enemies, or at least have rendered him misunderstood and offensive to those hasty in judgment, or but little acquainted with him. Yet he was kind in his nature, and certainly never meant to injure the feelings of

any one. He was high toned in everything relating to his profession, exceedingly jealous of its reputation, and anxious for its advancement, with outspoken detestation of all shams and quackery. So far as we know, he was upright in all his dealings, a diligent student of his profession, a faithful practitioner and an honest man, "the noblest work of God."

Hoping some one better qualified for the task will do justice to his virtues, we say, "*Requiescat in pace.*"

Ophthalmological Department.

EDITED BY E. WILLIAMS, M.D.; CINCINNATI.

THE following letter from A. D. Williams, M.D., my former assistant, presents so many points of interest, all of them belonging strictly to this department, that I have concluded to give it a place here. Ophthalmic Science has been cultivated in Germany within the past ten or twelve years, with great thoroughness and success; and among the chief contributors to its progress stands Dr. F. Aert, now Professor of Ophthalmology in the University of Vienna. He is a man of great industry, vast experience in his specialty, and unsurpassed in Europe as a teacher and an operator. Dr. Edward Jaeger, of the same school, son of the celebrated Friedrich Jaeger, was one of the first who enthusiastically devoted himself to ophthalmoscopic investigations. What the writer sees and hears at their clinics can not fail to interest American readers.

LETTER FROM VIENNA.

MY DEAR UNCLE: In accordance with my promise to write you occasionally on the subject of Ophthalmology in the different Schools of Europe, I commence with Vienna. Here, as you know, this particular branch of surgery is carried to great perfection. Vienna is the seat of government of the great Austrian Empire, which is composed of Austria, Hungary, Bohemia, Tyrol and several other minor provinces. This vast empire contains a population of about thirty millions, among whom the prevailing habits and customs are those peculiar to the Germans. As these determine, to a great degree, the character of the prevalent diseases among the people, you will excuse me for referring briefly to them before I come to the subject proper. The Germans are *eminently a working people*. Professional men are

indomitable in their investigations of minute and difficult subjects. The industry and economy of the laboring classes is proverbial. Among students and professional men, *myopia* prevails to a surprising extent. I can hardly believe my own eyes when I look through a class of several hundred students and see the immense number of strong concave glasses that are worn. This is due in part, no doubt, to their *long continued* and *intense habits of study*. It must be remembered that the students of Europe who intend to enter a profession, are almost *brought up* in school. They are required to study from twelve to fifteen years before they can take a degree in any one of the learned professions. When this is attained, they, especially the Germans, become students in a *higher* sense, applying themselves often more earnestly than when they were in College. I have seen only one professional man who wears perfectly plane glasses, for the sake of personal adornment, as I suppose.

The laboring classes work very hard and live sparingly. Horses are scarce, command a high price, and are expensive to keep. The common people, in order to avoid these expenses, turn *draft horses* themselves. *Two men*, with a wagon made expressly for the purpose, can generally do the hauling of *one horse*. Peasant women function as *pack mules*, carrying immense loads on their backs, when they can not afford the luxury of a hand cart. They have great tubs, similar to washing tubs, made for this purpose, and strapped upon their backs. They fill these with all kinds of freight, marketing, groceries, etc., which they carry to and from the cities. Two women will thus carry the burden of one pack mule. It is incredible almost, even when one sees it, what prodigious loads they do sustain. As an instance of their *drawing* powers, I saw, as I came down the Danube to Vienna, sixteen women towing a large freight boat up the river by means of long ropes extending to the shore, canal fashion. These women were doing the work of perhaps four horses.

Here we may ask what effect such labor may have upon vision. Draft-horses that are strained to the utmost every day for years, are known to be very often affected with cataract. Will the same and similar causes be likely to bring about the same effects in men? There is no reason why they should not. My observations in the ophthalmology of this country go far to confirm this opinion. Among the poor, laboring classes of Austria, we find that cataract is unusually common. The relative proportion of cases of defective vision from this cause, as compared with other diseases of the eye is,

very great. In fact, three-fourths or more, of the eye operations made in Vienna, are for cataract. From what I have seen in the hospital in this city, I should judge that where we have one case of cataract in America, they have five or six in Germany, at least in Austria. The reason of this, I think, is found in the *very hard labor* performed by the common people. Particularly is it, perhaps, to be ascribed to the *heavy hauling*, and *great burdens* carried by them.

The sex, as far as I have observed, has nothing to do with the frequency of cataract. It occurs about as often in women as men; and this we might infer from the similarity of their habits of hard straining labor. The lower classes in Vienna live very poorly. They occupy dark, damp, badly ventilated houses, and are very much crowded together. As the result of this, we find a great deal of what is commonly called scrofulous sore eyes, such as *blepharitis marginalis*, *conjunctivitis lymphatica*, *keratitis phlyctenulosa* and scrofulous ulceration of the cornea. These affections are found chiefly among children.

I do not know that the universal habit of drinking *lager beer* has any particular effect in the production of diseases of the eye. It may be the cause of the great frequency of *morbus Brightii* in Germany, and the cases of cataract, retinitis, etc., that so often accompany that disease. This disease is very common in Vienna, and the almost exclusive sufferers are males. This may be due to the fact that women consume less beer.

Specific diseases of the eye are not very frequent in this capital. Genuine *trachoma*, the *dreadful scourge* of America, is very uncommon here. Of course, *entropium* and *trichiasis*, as consequences of granulated eyelids, are likewise infrequent. Purulent conjunctivitis of infants appears also to be more rarely met with here than with us. Of the great frequency of cataract and its probable cause, I have already spoken. This disease is confined mainly to persons between the ages of forty and seventy-five or eighty years. Young persons are less frequently subjects of cataract, and in children and infants it is comparatively rare. As far as I have observed, it is met with chiefly in *aged* persons of the *laboring classes*. The Poles and Bohemians form the great mass of patients, especially of those suffering with the eyes. They are inviting subjects for disease, on account of their proverbially filthy habits.

The General Hospital (Allgemeines Krankenhaus) in Vienna, is

probably the largest hospital in Europe, and very *general* in its character. To it the sick of *all kinds*, from *all parts* of the vast Austrian Empire are admitted. The hospital is arranged to accommodate from seven to eight thousand patients, and it is about full all the time. Some of the departments can not take in all that apply, but few, however, are turned away from the house. In the Vienna School which is connected with the hospital, every thing is divided off into departments or specialties. Each Professor has his own peculiar class of diseases to attend to, outside of which he does not trouble himself much about any thing. This is a splendid arrangement for the Profession and the interests of science, but not very convenient for the student of general medicine. For the thorough study of any *specialty* in medicine, there is every possible facility. As Ophthalmology is my chief study, I shall only describe that department of the hospital. It is divided into two parts under the direction respectively of Prof. Arlt and Prof. Jaeger, both of whom are well known by reputation, in America. Six or seven thousand patients are treated annually by these two Professors and their assistants. Each one has his daily *ambulatory clinic* (Saturdays and Sundays excepted) which is attended generally by from twenty-five to fifty patients of all kinds. The professors examine and prescribe for them in the presence of the students, and make clinical remarks on such as present points of peculiar interest. Each professor has two or three large wards into which persons requiring operations are admitted, and operated on before the students. These operations are performed at certain hours, and it is amusing sometimes to see the young men maneuvering for *inside seats* favorable for seeing. To get such a position, where a large class are all aiming at the same thing, requires a good deal of strategy.

Prof. Jaeger is better known in America as an Ophthalmoscopist, and as such there are, perhaps, none equal to him. His ophthalmoscopic drawings are numerous and very fine. The walls of his office, completely covered with them, are suggestive of his peculiar field of labor. His mode of teaching Ophthalmoscopy is particularly satisfactory. He exhibits physiological and pathological preparations of different parts of the eye by means of the microscope, to great advantage. For instance, he has specimens of injected cornea, excava-tion of the optic papilla, different portions of the optic nerve, of the choroid, retina, etc., which he shows largely magnified. He also has beautiful drawings of the internal parts of the eye, which he places in a sort of *camera obscura*, and exhibits in such a way as to resemble

very much the fundus of the real eye, healthy and diseased. He gives, likewise, practical instruction in the use of the ophthalmoscope in examinations of the hospital patients. As there is a great variety of cases at his command, these exercises are very interesting and instructive. I saw here for instance, the first case of coloboma I ever examined, in which the lower portion of the iris, choroid and retina were wanting. The iris looked exactly like iridectomy had been performed on the eye. The lower part of the sclerótica, corresponding to the fissure in the retina and choroid, appeared snow white. The pinkish red papilla was indistinct, and the upper part of the retina or rather of the fundus, was intensely red by contrast. The patient, a girl twelve years old, could see considerably, notwithstanding the deficiency in the development of the internal tunics. I should mention also that the edges of the retina and choroid bounding the fissure could be most distinctly seen by the ophthalmoscope, extending toward and uniting in a curve near the papilla.

I know you will be interested in hearing from Prof. Arlt and his clinic. His great fame as a most expert operator, and as the author of one of the best works ever written on diseases of the eye, is not lessened by an intimate acquaintance with him, and an attendance on his visits at the hospital. As one observes his motions superficially, he appears awkward, but he is ambidextrous, and exceedingly skillful in the use of instruments. He operates so beautifully, as you very well know, that it affects one's *salivary glands* like the sight of a *savory dinner*. Outside of his operations, he has some notions peculiar to himself. He thinks *mercury* in some form or other (particularly calomel, which he uses very extensively,) is a *specific* for *scrofula*. I believe he first used calomel as a topical application in scrofulous ophthalmia, and thinks more of it perhaps on that account. Calomel, red or white precipitate, lapis infernalis and sulphate of copper are nearly all the remedies he prescribes. Sulphate of atropia and calomel in the eyes, and red or white precipitate in an ointment with extract of belladonna, rubbed into the forehead and temples several times a day, are his remedies in scrofulous ophthalmia. Nitrate of silver (which he uses very strong) is his only remedy for blennorrhœal and catarrhal affections of the conjunctiva. In trachoma (I have seen only one or two cases which he called trachoma) he resorts to sulphate of copper, alternated sometimes with nitrate of silver. Internally, he gives almost no medicines at all. In irido-choroiditis after cataract operations, I have seen him in a few cases, administer calomel and morphine. He uses what he calls the *inunction cure*, in

all cases of syphilitic diseases of the eye, as well as in retinitis and choroiditis.

Lately, Prof. Arlt has begun to practice what he calls central artificial pupil, in patients where the pupil has been closed by iritis after cataract operations. Instead of making an *iridectomy* in the usual way, he opens the *old pupil* with an instrument, generally with a cataract knife. He makes an incision in the cornea, similar to that for linear extraction and at the same and with the same instrument he incises the false membrane in the pupil in its entire breadth. If it does not then open sufficiently of itself, he makes a crucial incision. Should the opening still be unsatisfactory, he introduces the forceps and draws the false membrane out. If this does not succeed, he draws out and cuts off a portion of the iris. I saw one patient where a single incision made a very nice *central pupil*. In another, he used a small hook with which he tried to pull out the false membrane. Failing in that, he implanted the hook in the iris, drew out and cut off a portion of it about half the width of the iris. The excised piece extended to opposite the linear incision which was nearer the centre of the cornea, than in linear extraction. He thus secured a very nice and nearly central pupil. If a little of the iris hangs in the wound, he replaces it with the scoop. Prof. Arlt thinks a great deal of this new operation, as he calls it. The theory is good, and it is worth while to try it in suitable cases.

I must tell you something about the new operation for *detachment of the retina*. Prof. Arlt has punctured the retina in six or seven cases, and reports good results in five of them, which was better than he anticipated. Prof. Graefe has made the operation in several such cases, but does not report as favorably of the results. (Bowman, in the Ophthalmic Hospital reports, May, 1864, has given his experience in this operation. He has found it often beneficial in arresting the further extension of the detachment, and improving vision. Wecker, of Paris, has used a delicate trochar for puncturing the eye and drawing off the subretinal fluid, but with what success I do not know. Bowman employs one or two delicate needles. Bowman's object as well as Graefe's, is not to *remove the fluid* from the eye, but to *lacerate the raised retina* so as to allow it to diffuse itself through the vitreous humor. The retina may thus resume its position in contact with the choroid, and also its functions, if not too much damaged. As the tension of the eye in such cases is usually below the normal standard, the abstraction of the fluid is contra-indicated.—E. W.)

The operation itself is very simple. The object of both Arlt and Graefe is merely to puncture or lacerate the retinal sac. Arlt introduces the needle through the sclerotic in front of the sac and punctures it from before backwards. As the fluid diffuses itself through the vitreous humor, the latter becomes cloudy for some days. As absorption takes place, sight gradually improves. Prof. Arlt states that several of his patients could read No. 1 of Jaeger, after the operation, and continued to see equally well till he lost sight of them several months afterwards. The patients of Prof. Arlt were mostly those who had detachment of the retina after cataract operations.

Graefe punctures the sclerotic at a point corresponding to the effusion, passes the needle through it toward the centre of the eye, till the point pierces the elevated retinal sac, and then withdraws it. One or the other method may be preferable, according to the *situation* and *extent* of the collection of fluid. The operation promises to maintain its place as a valuable resource in this, to all other means, very refractory disease. As there is usually little to be lost, and everything to gain, it should be carefully tried whenever there is any hope of benefit.

In conclusion, I saw a case at Prof. Arlt's clinic a few days ago, which *nothing but seeing* could ever have made me believe possible. A piece of cast iron, about *half an inch square*, had entered the eye and remained there *over a year, without pain or inconvenience*, except some scratching of the lid. It had entered through the horizontal meridian of the cornea. It seems that it was entirely within the globe at first, but after the cornea sloughed and the ball atrophied, its anterior sharp edge protruded till it was about *two-thirds within and one-third without the eye*. Its width was greater than the diameter of the cornea. The mass was so firmly imbedded in the globe that Prof. Arlt with two pairs of forceps could not draw it out, even after several efforts. The attempts at extraction were so painful that the patient (a laboring man) refused to have it cut out, and went away with it still sticking in the eye. I suppose the portion within was thicker and wider than the edge which presented externally. The sclerotica had contracted firmly around it, so that the only way to have extracted it would have been to *cut around it*, which the patient refused.

I saw a case a few days since, of *ossification of the tarsal cartilage*. It came on in the course of a *very chronic trachoma*, in connection with trichiasis and inveterate pannus. There is hypertrophy and ossification of the cartilage, so that the upper lid hangs down five or six

lines over the lower one, and is *bony hard* to the touch. Prof. Arlt is going to remove the bone at some future time. He says he never saw but one case of the kind before. That was in Prague and he removed the bone with success.

Another curious thing to me, was a cataract patient with a *blood vessel* in the *anterior capsule* of the lens. It could only be distinctly seen by the use of a small polarizing eye-microscope. About the centre of the pupil it divides into two branches which disappear at length, behind the opposite part of the iris.

Clinical Statistics, etc.

[Continued from June.]

Before leaving the subject of Entropium, I wish to call attention to some other modes of relieving that most common variety produced by troughing of the tarsal cartilage in the advanced stages of trachoma. By contraction of the tarsal conjunctiva, the two edges of the tarsus are abnormally approximated, and the external surface thus becomes too convex. Of course, the ciliary margin is thus drawn inwards, especially where the posterior lip is beveled off by absorption so that it no longer affords mechanical support to the edge of the lid. In operating for the relief of this condition, various methods of changing the shape of the tarsus and drawing its free edge forwards, have been devised. I have already stated that the use of perpendicular ligatures, combined with canthoplastic where the commissure of the lids is diminished by adhesion at the external canthus is my favorite practice. There are others, however, which are generally successful when rightly executed, and which have the advantage of producing less deformity. Of these, the most ingenious is that of Anagnostakis of Athens, given in the *Annales d'Oculistique* for July, 1857. He makes an incision through the skin, the whole length of the lid, parallel to, and about one line from its free margin. Firm traction upon the skin above the wound, by an assistant, exposes the orbicularis. The fibres of this muscle over the upper part of the tarsus, are pinched up and dissected away, with forceps and scissors. The upper segment of the cartilage is thus denuded of all but the thin aponeurosis which invests it. A needle armed with a fine silk thread, is passed through the edge of the skin below, and then through a small portion of the aponeurosis opposite the upper edge of the tarsus, the skin being all the time kept drawn

up by the assistant. Three or four of these are thus applied, and then tied. By this means the edge of the narrow strip of skin left along the free margin of the lid is drawn up and united to the surface of the tarsal cartilage at its upper margin. The traction above being relaxed, the skin comes down and covers the denuded surface. The threads are left till they come out of themselves. In this way the two edges of the tarsus are drawn towards each other, and the troughing, and inversion of the ciliary margin overcome. In mild cases of entropium, this method succeeds very nicely, but in aggravated cases, it does not always afford a permanent result. For such, canthoplastic and ligatures are certainly more reliable.

Snellen, in the Netherlands Ophthalmic Hospital Report, (translated for the Royal London Ophthalmic Hospital Reports for 1863,) says: "The many cases of entropium which have occurred here, especially during the recent extraordinary prevalence of trachoma, of which there has been an epidemic at Vecie-huizen, have afforded us an excellent opportunity of considering and comparing the various methods of operating for its relief. In our opinion, the best ultimate results are obtained by removing a small portion of skin and muscle parallel to the ciliary margin, and when there is great thickening of the tarsus, excising, at the same time, a wedge-shaped strip of the cartilage, or by notching it in a dentated manner, and then uniting the ciliary edge with a higher part of the tarsus by sutures." This is really a combination of the method of Anagnostakis with that of Streatfield, who denudes and excises a horizontal wedge-shaped piece from the outer surface of the tarsus its whole length, and lets it heal by second intention.

Snellen further remarks as follows: "Latterly, we have tried to limit ourselves to the use of sutures alone, and with very favorable results, especially in cases in which the entropium is not too strongly developed. Taking a thread and two needles, we pass both needles through the whole thickness of the lid, from within outwards, being careful that one needle passes through the upper part of the cartilage, and the other somewhat higher above this structure. The needles are then passed along the outer surface of the cartilage, between it and the muscle, so as to come out at the ciliary margin about two millimetres from each other. In carrying the needle through the lid, the curved needle will be found to answer best, as it is easy to give it the proper direction. We have now enclosed the upper edge of the tarsal cartilage in a loop; the ciliary margin is next drawn upwards, and the two ends of the thread tied on its outer surface. Two remarks

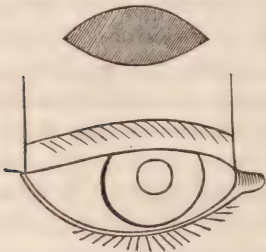
remain to be made on the position of the suture ; 1st. It is important to pierce the conjunctiva sufficiently high so that as much of this membrane as possible shall remain between the free edge of the lid and the point of insertion of the needles. 2ndly. It is important that the thread should not come out *below* the ciliary margin, since the small wound leaves a cicatrix which may cause permanent disfigurement of the ciliary border." He claims that this causes no external scar and speedily produces the required effect of drawing forward the ciliary margin and approximating it to the superior margin, so as to relieve the unnatural cupping of the cartilage. As a rule, he withdraws the suture in about three days. This operation accomplishes, by the use of a ligature, the same end that is attained by the method of Anagnostakis ; but of the two procedures, I prefer the latter. Snellen attaches great importance to the operation for blepharo-phimosis where the palpebral aperture is contracted, in combination with any mode of entropium operation that may be adopted.

Trichiasis and Distichiasis.—Trichiasis, friction of eye lashes upon the ball, is exceedingly common in this country, and in every other where *trachoma* and *blepharitis marginalis*, its fruitful causes, prevail to a large extent. The trichiasis which develops in the advanced stages of granulated lids, is generally due to the absorption of the inner lip of the free margin of the eye lid, as well as to contraction of the conjunctiva in the period of atrophy, after the granulations have been absorbed. Thus, a more or less considerable degree of inversion of the edge of the lid is brought about, and the eye lashes come to touch the cornea, sometimes only at one or two points, but frequently along the whole length of the lid. Properly speaking, the trichiasis here is but a symptom of entropium, and should be treated by some of the methods already mentioned. The disease, however, very frequently occurs when there is really no change of form in the ciliary margin. From long-continued inflammation of the eye lids and the hair bulbs, either in *trachoma*, *blepharitis marginalis* or chronic conjunctivitis, the hair follicles become deranged in their relative position, perhaps by the contraction of lymph deposited in their interstices, and the cilia grow in abnormal directions. Sometimes only one or two are inverted, sometimes a tuft of several, and at others they extend the entire length of the lid. They may be constantly in contact with the eye ball, or may scratch it only in certain positions of the eyes, especially in looking upwards. Generally the lashes are situated irregularly along the edge of the lid,

growing in all sorts of directions, some touching the eye, and some standing away from it. In many cases there are two, more or less distinct rows of eye lashes, one curving forwards and upwards in the natural direction, and the other standing perpendicularly downwards so as to come in constant collision with the cornea. Almost always, the offending row issues from the intermarginal surface of the free edge of the lid, between the two lips, but often nearer the posterior than the anterior. Occasionally indeed they come close out along the inner lip, very near the orifices of the meibomean ducts. This variety is called *distichiasis* from the existence of two rows of eye lashes. Of all the varieties of malformation of the edges of the lids, or malposition of the cilia, this is the most difficult to relieve. Leaving out of view the *palliative* treatment of pulling out the offending lashes, every few days *ad mortem patientis*; and the *radical* method of cutting away the edge of the lid with the roots of the lashes, as one which is no longer excusable; there is really but one operation which promises much in trichiasis, not the result of deformity of the edge of the lid, and that can do any good at all in *distichiasis*. This is *transplantation* of the cilia bulbs to a higher point on the surface of the tarsal cartilage. It is the original operation of Jaesche, modified by Arlt. While in attendance at Prof. Arlt's clinic in 1854, I saw him make the operation repeatedly and with uniform success. Since then I have frequently had recourse to it in inveterate trichiasis and in *distichiasis* with very satisfactory results. I have sometimes found, however, that the cilia were not raised sufficiently to entirely prevent their touching the cornea, especially when the eye was turned upwards. Particularly was this the case toward the outer and inner canthi near the terminations of the intermarginal incision. Graefe remarks in addition to this, that he has occasionally seen suppuration of the central portion of the elevated bridge of skin, and consequent loss of the lashes with some deformity. This led him to modify the operation in the manner which I shall describe hereafter. Arlt's method consists in making an intermarginal incision between the tarsal cartilage and the cilia bulbs, the whole length of the lid or at least as far as the inverted lashes extend. After this incision just anterior to the orifices of the meibomean follicles, and always behind the inverted row of hairs, so as to split the lid in two layers, the posterior composed of the tarsus, and the anterior of the hair bulbs, orbicular fibres and skin, the skin and cilia are dissected from the tarsus by means of the same sharp scalpel used in making the incision. Care should be exercised to keep close to the surface of the

cartilage, and parallel to it with the edge of the knife, so as to get behind all the bulbs and still not cut through the tarsus. When the two layers are thus dissected apart as high up as the superior margin of the tarsus, and along the whole length to be transplanted, the next step is to remove a strip of skin from the lid above. To do this, an incision is made through the skin parallel to, and about two and a half lines above the ciliary margin; a second one semicircular shaped, terminating in the first at either end, including a piece of skin two or three lines in width at the widest part in the centre. The piece of skin thus circumscribed is carefully dissected off. The strip of skin containing the eye lashes is then detached along its whole length. To accomplish this, the bistourie is passed up through the original incision between the anterior and posterior layers, till its point appears in the wound above. Then by dissecting carefully, the bridge is detached in its whole length and left attached at both ends. The operation is now completed by sliding up this bridge and stitching it to the skin above. In this way the lashes with their follicles are raised to a higher line on the surface of the tarsus and the free edge of the latter is left projecting below them. The loose bridge of skin always becomes *quite blue*, but I have never had it slough. I make it a point always, to bathe the eye lid with *warm water* for half an hour, after the operation is completed, or at least till the natural color is restored or nearly so. The wounds heal by first intention and in a few weeks there will be very little if any deformity. If any of the cilia touch afterwards, they can be relieved by one or two perpendicular ligatures. In order to facilitate the first incision, most persons recommend the insertion of a horn spatula under the lid, but that produces unnecessary pain. By simply raising and pressing upon the posterior part of the tarsus, the anterior edge can be sufficiently tilted forwards to bring it fairly into view. If some of the lashes come out very far back, I sometimes *evert the lid* and hold it in that position till I split it, so as to be quite sure to get behind them all. I have recourse to this method quite a number of times every year, but, within the past twelve months, I have adopted Graefe's modification which I find preferable. I will give the description of his plan in his own words. He says: "In the higher degrees of trichiasis, transplantation of the hair follicles deserves the highest consideration; indeed it furnishes in many cases of distichiasis, in my opinion, the only means of getting rid of the pernicious influence of the eye lashes, without destroying them. In fact when a row of fine hairs issues from the intermarginal space, especially

near the posterior lip, the object can only be attained by a change in the relative positions of the two lips. Without this change an actual ectropium would have to be produced in order to make the lashes clear the globe and the lower lid. . . . I have long practiced transplantation according to the method modified by Arlt, still I could not avoid *two inconveniences*. The one consists in this, that this procedure does not produce sufficient displacement of those lashes near the two angles of the lids. The second, that although mortification of the bridge may be avoided by making it wide, and carefully including all the tissues down to the tarsus, still the nutrition may be so impaired that, not unfrequently, an infiltration of pus occurs in its middle portion with loss of part of the lashes. To prevent this, the following modification seems to me to be serviceable. Begin with two vertical incisions, four lines in length, which extend from the anterior lip upwards through the skin and orbicularis, and mark the lateral boundaries of the portion to be transplanted; in total trichiasis, therefore, terminating at the outer commissure and at the superior punctum lachrymale. The lid is now split by an intermarginal cut, into two layers, (exactly as in Arlt's method,) the incision terminating at each end, in the vertical incisions. The cutaneous layer, (including the eye lashes), is then slid up two lines and stitched along the vertical cuts. If distichiasis is present, the intermarginal incision must of course, be made with great care close to the posterior lip. After sufficient elevation of the hairs at the angles is thus secured, the whole cutaneous layer containing the hair bulbs, can be drawn strongly upwards and forwards on the surface of the tarsus, either by excising an oval piece of skin above, (which however, now does not need to be extended nearly so far laterally, as seen in the figure), or applying two or three vertical sutures without any excision. That the nutrition of the transplanted skin with the hair bulbs, in this method, can be effected much more freely than through two narrow



lateral bridges is, *a priori*, sufficiently clear, and has been often confirmed." Of course the oval produced by the excision of skin above, is closed by one or two stitches. The figure opposite will enable the reader to comprehend the operation more readily, and to see how the whole row of cilia is raised upon the surface of

the tarsus, so that they can not, by any possibility, touch the globe

any more. The few cases that I have recently operated on by this modification of Arlt's method, have afforded most delightful results, and it gives me great pleasure to recommend it as the only means yet known, of certainly relieving this most troublesome and annoying form of disease.

[To be continued.]

Editorial Abstracts and Selections.

Prepared by W. B. FLETCHER, M.D., Indianapolis, Ind.

PRACTICAL MEDICINE.

1. *Effects of the Constant Galvanic Current.*—M. Remak says, that "The sedative effects of the *constant* current are exceedingly interesting. To produce such effects, in fact, the current must never excite painful sensations. The sedative action produced by this current differs from that of other sedatives; and it may be employed when, for various reasons, the use of opium, belladonna, etc., is objectionable. One of the most striking instances in which the current is of service, is in removing the increased sensibility of an inflamed part. If, in such a case, a positive electrode, of sufficiently extended surface, be applied over the seat of inflammation, and the negative electrode at a distant part of the body, we shall find, in the course of five or ten minutes, that the sensibility of the part has greatly diminished. Thus, for example, in a case of very painful inflammation of the elbow or wrist, we place the positive pole over the brachial plexus, and the other over the scapula; and we find the pain is soon lessened. Lately, in the presence of M. M. Claude Bernard, Velpeau, and Beau, I applied the current in the case of a man who ten days before had struck his knee, and suffered great pain at the inner border of the patella. The pain was so great, that the patient could not walk except with his knee bent. I placed the positive electrode over the crural nerve below Poupart's ligament, and the other pole over the extensors of the leg. In a few minutes, we observed that the joint became less painful and the extensions of the limb more easily performed. The patient was completely cured by three applications of the remedy. Let me remark to all those who would repeat my experiment, that the curative effects depends upon the surface of the elements of the pile; that is to say that piles composed of small elements must be absolutely rejected."—*Med. News and Library*, from *Brit. Med. Journ.*, Feb. 25, 1865.

2. *How to Preserve Vaccine.*—Dr. D. Prince, of Jacksonville, Ill., recommends, in the *Chicago Medical Journal*, the following plan for preserving vaccine matter:

"Fill a one or two-ounce, wide-mouthed bottle half full of freshly exsiccated alum, upon which place the vaccine scab, enveloped in

paper, cork and seal with good sealing wax." He remarks that "the indispensable requisite to the preservation of vaccine matter is to dry it completely and keep it dry." Fresh-burned lime or any substance having a strong affinity for water, he says, will answer.

By the above method, he has kept the vaccine matter through two hot seasons unimpaired, and has perfect confidence in it. Enveloping the undried scab, or lymph-preserved upon quill points, in wax or tin foil, or sealing them in glass tubes, without drying material to absorb the moisture both of the matter and of the air, he says, is worthy of no confidence, and, indeed, utterly useless.—*The St. Louis Med. and Surg. Journ.*

3. *Virchow and the Cellular Pathology*.—A correspondent from Berlin writes: Perhaps the most important thing I have to tell you is as to a recent change in Virchow's opinion regarding the cell theory. This change has been caused by the discovery of Becklinghausen (*Virchow's Archives*, about a year ago) in the cornea. He has shown that the corneal cells have not special cell walls, but are merely spaces between masses of cellular substances. The nuclei in the angles he therefore considers *free*, and he says that many of them can move along the canaliculi from one angle to another. Moreover he says that the interior of these canals is continuous with that of the lymphatics; you can inject the lymphatics from them; so that according to him, the origin of the lymphatics is to be found in the canaliculi of the so-called connective tissue corpuscles. Then he says that the corpuscles of tendon and connective tissue are merely spaces with contained nuclei—a view of which, of course is *not new* to an Edinburgh man. Virchow admits all this; he admits that the corneal corpuscles are not cells. He seems rather reluctant to admit that those of tendon and connective tissue are the same, but he does not deny it; and he told me personally that he *now did not regard a cell-wall as an "essential part of the cell,"* as stated in *Cellular Pathology*, but that a nuclei surrounded by a molecular blastema was sufficient to constitute a cell; then he says that the outer part of this cell blastema consolidates and forms a cell-wall, as Beale has shown, and that this takes place in the amoeba when placed in fresh water. This of course is a great triumph for Goodsir, who long ago was cautious enough not to say that the cell-wall is always present.—*St. Louis Med. Journ.*, from *Edinburgh Med. Journ.*

4. *On the Treatment of Pneumonia by Restoratives*.—The following abstract is from an article under the above head, appearing in the *London Lancet*, by Dr. Bennett, of Edinburgh. He gives a synopsis of one hundred and twenty-nine cases of pneumonia, coming under his observations in the Royal Infirmary, between October, 1848, and January, 1865. Of these, one hundred and five were uncomplicated. All recovered. In fifteen of them the whole of one lung was implicated, and in twenty-six, portions of both lungs. Of the remaining twenty-four complicated cases, four died, two from supervening meningitis, one from chronic Bright's disease, and one from extensive ulceration of the intestines. The writer gives the sex, age and

average duration of the disease in the one hundred and twenty-five cases which recovered, and arrives at the following conclusions: 1. The first great fact which the preceding figures serve to establish is, that a simple primary pneumonia, whether single or double, if treated by the restorative plan, is not a fatal disease. Surely one hundred and five cases, of which twenty-six were double, are sufficient to establish this proposition, especially when it is considered that they were diffused over sixteen years, and occurred in all seasons. Amongst these, also, the whole of one lung was involved in no less than fifteen cases, and the symptoms in many of them were exceedingly severe. Neither will any theory as to strength of constitution or change of type in disease explain the result, as several of the cases were those of healthy, vigorous, young laborers, whilst others were those of weak and broken-down seamstresses. In any and every case the disease appears to go through its natural progress so long as the body is not too much exhausted, and the physician as early as possible support it by nutrients and restoratives.—*The St. Louis Med. and Surg. Journ.*

5. *Portion of Small Intestines Passed by the Rectum.*—Dr. E. B. Peaselec presented the intestine of a girl of 17. In the summer of 1863, she suffered from what seemed uterine colic. She experienced several similar attacks in 1864, until she died in October of that year. She had attacks of fœcal vomiting, and her only alvine discharges were by enemata. In May, 1864, after one of these enemata, she discharged from the rectum five or six feet of what was suspected to be part of the intestine of some lower animal.

The *post-mortem* showed the small intestine to be only sixteen feet long, instead of about twenty-two, as usual. Above the junction of the jejunum and the ileum, there was a contraction, and below this the intestine was small. The portion passed had doubtless sloughed off from the small intestine, after an attack of intus-susception, between four and five months before her death.—*The St. Louis Med. and Surg. Journ.*, from Proceedings of New York Obstetrical Society.

6. *Smoking Arsenic with Tobacco.*—Flint L. Keyes, in a letter to the *Medical and Surgical Reporter*, says: The readers of the *Reporter*, who may have had any experience in regard to the smoking of arsenic with tobacco, are requested by a correspondent to communicate the same through your valuable medium for his benefit.

In answer to this request, I am willing to impart what slight knowledge my limited experience will permit on the subject. I used Fowler's solution, f.3iv. to a pound of fine cut tobacco. Put the tobacco on a large earthen dish, then sprinkle on the solution, stir well, that the whole may be of uniform strength; let the patient smoke after each meal, and on going to bed.

For a substitute the verbascum thapsus folia, well dried and cut fine, will answer very well in the place of the tobacco,—the quantities the same as the above. I prescribed it to a patient recently in a case of phthisis with good result, thus far, together with other medicines. The patient stated to me that she had to smoke tobacco fre-

quently during the night, consequently had burned a lamp nightly for the last six months. She used the arsenical preparation, and at the end of one week could dispense with the lamp altogether.

SURGICAL.

7. *Excision of the Hip-Joint.*—Mr. Holmes exhibited to the Western Medical and Surgical Society two children—one a boy of seven years of age, the other a girl of ten years—in whom he had excised the hip-joint in the course of the present year, and a dissection from another successful case in which the child had died a few months after the operation of inflammation of the lung accidentally contracted. The latter preparation had been exhibited at the Pathological Society, and will be found more fully described in the 14th volume of their Transactions. Mr. Holmes said that his object in this communication was rather to show what the results of successful excision of this joint are than to discuss the general question of the propriety of the operation; he therefore merely dwelt so far on the latter subject as to insist that there are conditions for which excision holds out a prospect of cure, where natural cure is hopeless, and in those cases the time required for recovery after operation is far less than that required for natural cure, while the joint which is left by it is more useful. In the case of the boy, there had been an extensive abscess reaching nearly to the knee, and the child was rapidly sinking under the profuse suppuration at the time of the operation which was performed in February last. At the operation the femur was divided from the trochanter, and the acetabulum, which was ulcerated, was scraped out. Recovery was comparatively speedy. The boy had been going about for some time, and had lately been walking on a high boot. All the wounds have long been soundly healed; there is motion in every direction; he can walk with a slight limp for a considerable distance, and his gait is daily improving as he becomes more accustomed to his boot; the shortening is about an inch and a half. In the case of the girl, there was a great distortion at the time of the operation, much shortening, and very loud crepitation on rotating the limb. The head of the femur was lying loose in the joint, and the surface of the remaining part of the femur was ulcerated; consequently a natural cure was impossible. The acetabulum was healthy. The recovery was rapid, the operation having been performed in June, and the child having been about for some weeks.

Most probably in both these cases the same state of things exist as in the dissected preparation, where the end of the femur is seen drawn up into the joint by the common tendon, and united to the acetabulum by numerous bands of adhesion, allowing free motion in all directions. A perfect capsule of fibrous tissues surrounded the new articulation. In reply to a question, Mr. Holmes said that he had never performed the operation except when there was abscess and loud crepitus on pressing the joint surfaces together.—*The St. Louis Med. and Surg. Journ.*, from *Canady Med. Journ.*

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SESSION FOR 1865--66.

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The *Preliminary Term* will commence on *Wednesday, September 13, 1865*, and continue four weeks. Instruction, during this term, will consist of didactic lectures on special subjects and daily clinical lectures. The lectures during this term are given exclusively by Members of the Faculty. The *Regular Term* will commence on *Wednesday, October 11, 1865*, and end early in March. The plan of instruction in this Institution is to combine, to the fullest extent, clinical and didactic teaching. All the lectures are given within the hospital grounds. Four didactic lectures are given on every week day, except Saturday, and from two to three hours daily are allotted to clinical teaching. The Annual Circular will contain further details respecting the plan of instruction, together with the vast opportunities for the study of disease, witnessing surgical and obstetrical operations, the prosecution of anatomy, etc., offered by the Bellevue Hospital, the Blackwell's Hospital, and other Public Institutions of the great Metropolis.

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CINCINNATI LANCET AND OBSERVER.

CONDUCTED BY

E. B. STEVENS, M.D., AND J. A. MURPHY, M.D.

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No. 10.

Original Communications.

ARTICLE I.

Mercurial Gangrene.

BY A. L. UNDERWOOD, M.D., ST. PAUL, INDIANA.

As regards the effect of calomel on the human system, a difference of opinion among medical men exists to some extent. With us all agree, however, that calomel when given in repeated doses for a long time, and when inflammatory effusions are taking place in the system, has a tendency to produce ptyalism. As the drug itself is supposed to produce a specific or peculiar kind of inflammation of an aplastic character, tending to ulceration and suppuration, evinced by a swelling and sponginess of the gums, and sometimes sloughing of the mucous tissues, gums, and soft palate, frequently in severe cases a softening of the alveolar process and falling out of the teeth is witnessed. But the question to which I desire to call attention is, whether a moderate dose of calomel, say three grains, given to a patient four years old, of good constitution, clear of all apparent hereditary taint, and followed by saline or other active cathartics so as to produce a free evacuation of the bowels will, in ten days after its administration, produce "dry" gangrene of the mouth? Will calomel in any quantity remain latent in the system eight, ten, or twelve days without any evidence of its presence, and then manifest itself in the form of gangrene, in its incipient stage, on the tissues of the internal cheek? If so, does it not seem that the drug is a dangerous one in the hands of the practitioner,

however cautiously administered, to children between two and five years old, and ought it not to be discarded as an internal remedy?

Within the last three or four years several cases of gangrene of the mouth have occurred in this vicinity, which resulted in the death of the patients. Public opinion, ever ready to condemn the acts of men, (or I should say the gossiping world,) are almost sure to attribute these unfortunate results to the injudicious use of calomel, and I regret to say some medical men are ready to sanction these ill-advised reports, which is sure to give impetus to the story, to the discredit of the practitioner.

Of the number of children that have died with gangrene in the mouth, it was my good or ill fortune to attend on two of them, the first a little girl four years old, had enteric fever fifteen days before any appearance of gangrene was manifest. In this case, a small calomel powder, combined with rhubarb and ipecacuanha, was given at the commencement, followed by castor oil, and the fourth day repeated. After this, not a particle of calomel or any of the preparations of mercury were given. Ten days after the last administration of calomel, gangrene was discovered in the mouth, which spread with fearful rapidity, resisting all the remedies, general and local, until the child died. The second and more recent case was a little boy, a few months less than five years old. Taken sick July 1st, and was brought to my office by his father. Present indications: High grade of fever, heavily coated tongue, diarrhoea, pain in the head, contracted pupil, frequent and corded pulse. Gave \mathcal{R} Calomel, grs. iij.; sach. alba, grs. iij., mix and well ground together, add santonine, grs. ij.; Doveri, grs. iij.; chart, iij.; one to be given every three hours, to be followed three hours after the last powder by epsom salts. All done well, and the little patient required no other attention for five days, when I was called to see him. The indications were similar to the first, except the head was relieved of pain, and pulse soft but frequent, gave three grains of calomel combined with three grains of rhubarb, divided into two equal parts, one to be given now and one in four hours, to be followed by oil in six

hours. Operated well. On the 7th, dysenteric evacuations of a malignant type came on, and continued for twelve days, without yielding to any of the remedies used in such cases. Nausea and vomiting being present for four days to such a degree as to compel me to resort to suppositories to arrest the disease. As soon as the dysenteric evacuations began to subside, ulceration commenced in the mucous membrane of the mouth, which resulted in gangrene, and finally death on the 29th inst.

Now was the gangrene of the mouth in the above cases caused by the use of calomel, as was alleged by the physician who was called as counsel in the last named case? Will calomel given in any quantity produce those results ten or twelve days after being administered, if followed by saline or oleaginous cathartics, producing free and full evacuations from the bowels, no matter what may be the peculiar idiosyncrasy of the patient, provided there is no particular hereditary diathesis?

Every practitioner of many years can corroborate the theory that protracted cases of enteric fever will at times produce gangrene of the mouth. Such are also the teachings of Rilliet, Barthez, Willan, Marshall Hall, Condie, and a host of others, when not a particle of calomel is given. If calomel will produce like results, under the above enumerated circumstances, is it judicious or safe to use the drug at all? I have ever regarded the different preparations of mercury as among the best therapeutical agents in our *Materia Medica*, but when old practitioners attribute to its use consequences so revolting as stated above, it is time for me to inquire whether their opinions are predicated on sound logic or are the empirical imaginations of a nervous brain. I am aware that the preparations of mercury, when given injudiciously and under certain circumstances, will produce ptyalism, and sometimes gangrene and sloughing of the soft parts of the mouth, but I have never known a period of ten days to intervene from the time of its administration before any visible evidence of its presence, unless the cases referred to can be so considered, and when ptyalism from calomel has shown itself (which is

from two to four days) its progress, although sometimes very troublesome, I think, so far as my practice is concerned,) can be controlled. I can not endorse the opinion of some of my professional brethren hereabouts, that mercurial gangrene was the result of calomel given in the two cases referred to above. I should be pleased to have this question fully discussed by the Cincinnati Academy of Medicine at their earliest convenience, for I consider it one of much importance to the profession.

ARTICLE II.

Oxaluria, from Artificial Dyspepsia.

BY D. W. FLORA, M.D., MADISON, IND.

THE following case is reported more to prove the fallacy of the theory of "dumb-bell crystals of oxalate of lime," than for any other purpose. There is also something remarkable in the facility which the patient acquired in rejecting his food voluntarily from the stomach.

Stephen Collar, a private in Co. F. Thirteenth Michigan Infantry, was admitted to Madison U. S. General Hospital, Dec. 1st, 1864. The patient complained of obstinate constipation, which was relieved by an active cathartic.

Dec. 12th.—Was attacked by a tertian ague, which yielded to quinine. The constipation still continues. Patient has an indolent ulcer upon left shin bone. About this time I noticed the rejected food of the patient in the spittoon after each meal. It was a greater portion of the time wholly undigested and the patient was taxed with throwing it up voluntarily, which he stoutly denied. His whole appearance was somewhat cachectic, and the ulcer obstinately refused to heal.

Feb. 1st, 1865.—The patient complains of pain in the renal region and says his urine is "high colored." Analysis gave sp. gr. 1022. Reaction, slightly alkaline. Color, of a light gamboge tint. The sediment was abundant, did not clear up under heat, but did so readily by nitric acid. Under the microscope appeared abundance of epithelial cells, tubuli-uriniferi and casts, but the most remarkable phenomenon was

the myriads of exceedingly small octo-hedral crystals of oxalate of lime. There was also some rosette-shaped crystals (uric acid,) and cruciform ones, (oxalurate of lime?) Stellate crystals of urate of ammonia were numerous in twenty-four hours after the urine was drawn, but up to this time no dumb-bell crystals had made their appearance. Forty-eight hours after these same urinary crystals were again examined under the microscope, and were found in various stages of decomposition. This time the "dumb-bells" were numerous, but rest assured they were not oxalate of lime. The mode of their formation is perfectly demonstrable.

The urates of ammonia were formed by the ends of very fine, needle-shaped crystals adhering to a common centre, and presenting the appearance of a carriage wheel while in motion. The discs of these wheels touched each other, were decomposed, and the result was the "dumb-bell," composed of the two crystals of urate of ammonia. This experiment was repeated at two succeeding times with the same result. This patient obstinately persisted in throwing up his food thereby maintaining artificial dyspepsia, until he was discharged from the service four months after admission.

ARTICLE III.

An Obstetrical Case: Spontaneous Evolution and Inverseo Uteri.

BY ROBERT WOODY, M.D., EATON, OHIO.

On the morning of the 12th of July, 1864, I was called to visit Mrs. A., aged about 30, in labor with her first child. She had had pains pretty much through the previous night. On examination per vaginam, I found the os uteri but little dilated, but quite rigid. Rest, and a recumbent position was enjoined. Some five or six hours after this, (the pains having become frequent and quite severe) the os uteri was sufficiently dilated to admit the point of the index finger; and I satisfied myself that the head was the part presenting, but instead of being more distinctly felt during pain, as is usually the case, it would recede entirely beyond the reach of the finger, and

would again settle down to its former position on the cessation of the pain. As there seemed to be a tendency to "Anterior obliquity," I had the patient placed on her back in as comfortable a situation as could well be devised, as the pains seemed to be the severest that I had ever witnessed. My calculations of her fortitude and capability of passing through the painful ordeal of parturition seemed to be entirely frustrated, and I became impatient of her complainings.

After remaining in this position for some time, and whilst myself and two or three ladies were sitting round, endeavoring to cheer, encourage, and assure her of our sympathy, she had a pain that was so severe as to make her shriek out, and I observed at that moment, the inferior and anterior wall of the abdomen raise up with a kind of rolling motion superiorly and posteriorly, as though the child was performing a complete evolution. One of the ladies remarked to me, "What does that mean?" I was at a loss for an explanation, as nothing like it had ever taken place in my practice. But I soon satisfied myself that the *apparent* turning was a *reality*, by detecting the right nates as the presenting part. This seems to me was brought about by the posterior portion of the uterus contracting seizing the breech and inferior extremities, and carrying them down in the direction of the os uteri, while the anterior portion, not being stimulated by excito-motor nerves, remained relaxed and passive, thus letting the head and shoulders escape from the pelvis, and presenting no obstacle to their ascent, making the "pivot" of the middle of the body and turning upon it.

If we accept the theory of Dr. Tyler Smith in his excellent treatise on parturition, as true, in reference to irregular uterine action as laid down in his explanation of the supposed motions of the child in utero, during the latter months of pregnancy, we may arrive at a satisfactory explanation of a circumstance so unusual as the one just described.

But the trouble did not end with the "turning," for the os uteri and external parts still remained rigid and unyielding. After waiting some ten or twelve hours with a hope that "Nature would relieve herself," I sent a messenger to town

for Prof. Crume, but he being unable to come, Dr. Welsh came to my assistance. Before the Doctor arrived the parts became more relaxed and the child began to advance so as to distend the perineum and external parts. By introducing the right finger and inserting it into the angle made by the right thigh of the child being flexed on its abdomen, a pretty firm hold could be gotten, by means of which some assistance could be given during pain. By assisting in this way, the child was born in about one hour and a half after the Doctor's arrival. In consequence of the head remaining so long in the pelvis, compressing the umbilical cord, the child was still-born. I left the mother in the care of the Doctor while I made efforts to resuscitate the child. After trying Dr. Hall's *ready method* and failing, the lungs were inflated from my own several times, the heart pulsated a few times, then ceased. Some fifteen or twenty minutes were thus spent. On returning to the bedside and taking hold of the cord, gentle traction was made to see if the placenta was detached, (which I thought might be the case, as the mother complained several times while I was attending the child as though she had *severe* after pains.)

When I took hold of the cord the Doctor placed his hand over the region of the uterus. As soon as I pulled a little at the cord a very severe pain came on and the Doctor remarked that the uterus was descending, and almost instantly the uterus with the placenta attached was pushed with considerable force through the os externum completely I think inverted. I immediately separated the placenta, which adhered with considerable tenacity to the left side, near the fundus. As soon as this was done I placed the fingers of the left hand together, so as to make as small a point as possible. These were placed near the centre of the fundus, and that part pushed up in the direction of the os until I succeeded in pushing a portion through. This was not attended with any difficulty, as the os uteri was pretty well dilated. Holding it in this situation until I felt slight contraction commence, I withdrew my fingers a little so as to grasp the remaining portion, which was pushed up as before. I soon felt a thrill of joy on feeling

the organ leave my fingers with a spring. On examination, I found the organ had resumed its normal position. It was thought best to let the hand remain in the uterus until it was pretty well contracted so as partly to expel it.

This lady had some fever and complained of considerable soreness for ten days. She is at the present time in the enjoyment of excellent health.

The above case is interesting in three particulars: 1st. From the severity and inefficiency of the pains; 2d. The turning of the child by irregular uterine contraction, so as to change the presentation entirely; and 3d. Demonstrating that inversion of the uterus may be reduced in some cases without much difficulty, if discovered and attended to immediately with some degree of tact and skill.

ARTICLE VI.

Description of a Remarkable Case of Defective Development; the Subject, a Child Eight Years of Age; with a Woodcut.

BY H. M. HITTNER, M.D.,

Student of Medicine in Medical College of Ohio.

THE subject of this curious instance of the *lapsus naturæ*, is an inmate of the Refugee House on Longworth Street, in this city. My attention was called to it during a visit to that



Institution with the physician in attendance, and I had subsequently many opportunities for the study of its peculiarities. The accompanying woodcut made from a photograph, presents a very good representation of this singular being. It should be understood, however, that the appearance of sitting up is not true to nature, for the

child was propped up to enable the operator to bring it within the vision of his camera.

The child, a female, was born at the full term of uterogestation about the middle of April, 1857. It is, therefore, somewhat more than eight years old. The mother, a native of East-Tennessee, is healthy, but of rather feeble intellect. She has three other female children, aged respectively twelve, nine and four years, who present nothing unusual in their physical development or moral nature. It will be perceived that the subject of this notice is intermediate between the children nine and four years of age. The mother nursed this child during her last pregnancy and subsequently, together with the now four year old girl, until the former reached five years of age. Her weight at birth was three pounds; she now weighs seven pounds, nine ounces. She lies doubled up as shown in the woodcut, the spinal column being much flexed forward, especially in the dorsal and lower cervical regions, and the knees closely applied to the chin. She can not, owing to the convexity of the spinal column, be placed on the back. She keeps her hands constantly in her mouth, on which a continual chewing is performed, associated with a peculiar humming sound. She was never known to cry, and when irritated, utters a peculiar low moan, most distressing to hear. Her mental faculties have undergone no development, and in this respect she is in the condition of a new-born infant, without power even of the prehension of food or apparent knowledge of its nature and having no conception of surrounding objects. Her face has a mature look which is startling. Her eyes are bright, but very small and deeply placed in their sockets. Her mouth is extremely large even for her age, and her nose is large and well formed. The deciduous teeth have been fully developed and none are lost. She has no control over the muscular system, and when her extremities are extended by force they become immediately flexed again when the force is withdrawn, resuming their habitual position as shown in the woodcut. Sensation is but sparingly developed. She manifests little evidence of tactile impressions except in the superior and inter-maxillary regions and even in those situations feebly. Fæces and urine are discharged without consciousness. The functions of organic

seem to be unimpaired. Respiration, circulation and digestion go on in their normal way, but assimilation is defective; she has no fat in her tissues. The special senses seem to be wholly undeveloped. She apparently does not hear any sounds about her, exhibits no evidence of taste or smell, and her vision is confined to the narrow limits of six inches.

The following measurements will give a more accurate idea of her size and defective development than a mere description. The occipito-frontal circumference measures $11\frac{1}{2}$ inches; from chin to occipito-parietal articulation, $13\frac{3}{4}$ inches; from vertebra prominens to extremity of sacrum, 12 inches; circumference of thorax, from nipple over spinous process of sixth dorsal vertebra, 15 inches; of abdomen above crista ilii, $9\frac{1}{4}$ inches; length of inferior extremity from anterior superior spinous process of ilium to the internal malleolus, $13\frac{3}{4}$ inches. The diameters of the extremities when extended were as follows: of the upper third of the thigh one inch; lower third ten lines; circumference of knee-joint, $3\frac{3}{4}$ inches, with a proportionate patella; of the upper third of the leg eight lines, lower third six lines. Length of sternum, including xiphoid appendix, $2\frac{3}{4}$ inches. Diameter of upper third of arm seven lines; lower third eight lines; upper third of forearm eight and lower third seven lines. The feet are developed in proportion to the other limbs; the hands are somewhat larger owing, probably, to the continual sucking to which they are subjected. The clavicle does not take its natural direction, but is turned backwards nearly parallel with the neck and at its articulation with the scapula approaches the spinous processes of the cervical vertebræ. This condition of the parts is induced by the great convexity of the spine in the thoracic region, the prone position of the head, sinking downward as it does between the shoulders.

It is difficult, if not impossible, to determine how much of this defective formative power arises from inherent deficiencies in the germ, and how much to faulty infantile education. Much more might have been done in the matter of physical training, but the feeble manifestations of intellect and nervous force would indicate a degree of development incompatible with any other than a merely vegetative existence.

Medical Societies.

Proceedings of Dennison Medical Society.

Reported by DR. A. S. STEVENS, Secretary.

Dr. Paulding, President, in the chair.

THE EFFECTS OF TOBACCO.—*Dr. Stevens* commenced the consideration of the effects of Tobacco. Said he had not been able to consult any authorities, and did not undertake to make any scientific exposition. Much had been written in opposition to the use of tobacco, especially by popular writers on Physiology; generally with so much loose and unfounded statement and Miss Nancyism, that he had been too much disgusted to become familiar with it. It was true that some high medical authorities, as *Dr. Mussey*, denounced the use of tobacco.

On the other hand, *Sir Benjamin Brodie* testified before the British Parliament that its use is not injurious. Surgeon-General Hammond considers it beneficial, and classifies it as accessory food.

If half what had been written against tobacco were true, we would have palpable, manifest indications of its deleterious influences.

We have no difficulty in showing that the habitual use of alcohol is injurious to health. The physician daily finds cases rendered more difficult or complicated, manifestly from intemperance. In fever and other diseases, there is generally increased gastric irritation, and post-mortem examinations prove in the inebriate the presence of softening and ulceration in the stomach, besides other pathological changes. There is also an evident lowered grade of vitality, as shown by the tendency of slight wounds to gangrene.

The opponent of tobacco has no such evidence to produce. He alluded to his personal experience with the weed. He had always suffered from dyspepsia, especially in the form of sick headache. He had formed the habit of smoking when a young man, without any regard to therapeutical considerations. Nevertheless, during a number of years he suffered

less from sick headache. Then he went West, and changing his associations, and the habit not being firmly fixed, he discontinued the practice. During the entire year, the paroxysms of headache were more frequent and violent than ever before. He then returned to Ohio, and continued subject to the same trouble, till he was induced by new associations to return to the cigar. Ever since he has used the weed he has been comparatively free from sick headache. About the same time a medical friend, a member of the same class with himself, and with similar constitution, related to him an experience very nearly the same. We daily meet in practice persons who are benefited by the use of tobacco in various forms of dyspepsia. The argument that persons unaccustomed to it are rendered sick by its use has no force. Persons unaccustomed to the fresh air will be affected with serious disease by an exposure which should only tend to produce vigorous health; though he admits that there may be certain idiosyncracies which prohibit its use.

Major McDermont said he did not favor the use of tobacco. He admitted that many use it with apparent impunity. He regarded this as an exemplification of the power of Nature to resist morbid impressions. Tobacco must ultimately prove injurious to those who constantly use it, shorten life and lessen health. It is incredible that an agent containing so powerful a poison can be used for a number of years without injury. It implies a constant violation of the laws of physiology. He had no doubt that it was a good medicine, and might have proved beneficial in the cases mentioned. He uses it moderately, but was convinced that it was only by virtue of the wonderful recuperative power of Nature that the system was able to tolerate it.

In regard to tea and coffee, he was more accustomed to their use, and more favorably impressed. He regards these articles as sedatives, belonging to the same class as hydrocyanic acid. They are not stimulants. After a good cup of tea or coffee, the respiration and pulse will be found diminished in frequency. Their use clears the intellect and tranquillizes the system. They operate by diminishing congestion of the

brain which follows over excitement and study. In the same way, they give relief after a full meal. After all they will not lengthen life. Tea differs in its effects from coffee. The latter tends to impair digestion. It often gives rise to vertigo, as he had experienced in his own person. It has also caused apoplexy, not the ordinary form associated with congestion of the brain, but that species associated with deranged nervous system.

Dr. Paulding inquired why, if tea and coffee are sedatives, do they produce wakefulness.

Major McDermont replied that they operate by relieving the fullness or congestion that produces somnolency.

Dr. Klein stated in a very humorous manner that he was very partial to the pipe. He had been much troubled with dyspepsia formerly, and was very fond of coffee. Upon discarding coffee, his dyspepsia disappeared. He had himself been affected with vertigo, and observed it in others from the use of coffee. At one period he had laid aside tobacco while sick, and then from necessity. This resulted from an attack of peripneumonia, which led to the entire occlusion of one lung. After some time realized great relief from smoking cigars. His experience among his patients was that it was often deleterious to use tobacco. Many were dyspeptic and nervous from its effects, though idiosyncrasy has much to do with its action. It has been called an unnatural habit, but there is no such thing as a natural habit. All habits can be carried to excess, and this is very apt to be the case with the habit of using tobacco. He thinks that to smoke three times daily is the proper limit. It aids digestion and relieves fullness after eating. Its proper use is excellent. In the same natural class as tobacco the solanaceæ we find the deadly nightshade, the tomato and potato, some of which are useful as food. He had found tobacco of great medical use, especially in external application in the cure of neuralgia and certain hepatic eruptions. The injection he regards as dangerous. The quantity of nicotine is very minute. According to analysis of Berzelius, following Vaucklin, Possolt and Rheniman, there are only ten parts in one hundred thousand. Six pounds of the best Vir-

ginia leaf furnishes only eleven grains of the oil. He had never found softening of the brain, hypertrophy, or anasarca resulting from tobacco. If tea and coffee are sedatives, how do they operate so beneficially in cases of persons who have been exposed to cold, and nearly frozen?

Dr. Grube said he had always regarded tobacco as a sedative, tea and coffee as stimuli. He had no personal experience in the use of tobacco, and he had resolved never to use it, partly from principle and partly as a hygienic measure. He thinks its effect upon health generally injurious directly or indirectly, though not always manifest. There is one class of persons, those of a sanguine and excitable temperament, in whom it may allay irritation. There is another larger class that is affected differently, those of a lymphatic temperament. The lymphatic temperament is developed by its use. As a medicine it is a sedative, and powerful relaxant. It is used to reduce hernia. He considered it a social evil. In exceptional cases it is not an injury. The habit of using usually becomes excessive. Tea and coffee are closely allied. They affect the nervous system, and the use is habitual. They show their effects upon the nervous system by producing a tendency to wakefulness. The ultimate principles, Theine and Caffeine, are found combined in the same proportions. The majority of people use tea and coffee immoderately. Especially is this true in the army. In the latter tenfold more is used than is beneficial. Coffee is more injurious than tea. The latter is often badly prepared, by decoction instead of infusion.

Dr. Sale said that he had long used tobacco, but did not consider it beneficial to any one. It is tolerated by the system as any other poison. Tea and coffee are nervous food. Coffee is an antidote to opium, and one of the best diuretics in some cases. Many cases of urinary difficulty found in the hospital may be traced to coffee.

Dr. Jennings said he thought the opposition to tobacco had led to much exaggeration, showing too much the prevalence of one idea. No one lives strictly according to physiological laws. This leads to a necessity for stimulants or sedatives to equalize these irregularities. It had been said by those favor-

able to the use of tea and coffee that they contain principles analogous to hydrocyanic acid, yet they condemn tobacco on account of nicotine.

The man who is at the head of our armies, and wields successfully so vast a responsibility, it is well known is a great smoker. Who knows how much his success may be dependent upon the tranquillizing influence of tobacco upon his highly taxed nervous system.

In many instances of remarkable longevity, all these articles have been used. He lately saw a notice of a person arriving at 130 years. All that could be learned of his habits was that he was an inveterate smoker.

Dr. Cheney has always used tobacco, but is not an advocate for it; thinks it kills more than it cures. All nations use some stimuli, and all these articles are designed for a blessing. Alcohol has not been used much till within the last three hundred years, and tobacco not at all. Yet within that period the average length of life has been increased. This fact favors the usages of civilized life. The cigar is a great soother of the nervous system. In regard to the sedative or stimulant properties of these articles, he would think where they favored a flow of ideas, it implied an increased activity of circulation in the brain.

Dr. Wade said he was not prepared to discuss the question. He would merely remark that a case of gonorrhœa was not amenable to treatment while using tobacco.

Major McDermont inquired of the advocates of tobacco at what period it was desirable to commence its use.

Dr. Klein replied not till the age of twenty-five, after the cares of life begin.

The Major rejoined that the admission showed that it was unnecessary in a vigorous state of health. He further said it was a fine remedial agent. He had seen a horse relieved of colic by its means, and also three gentlemen were cured of colic by the use of tobacco.

Dr. Paulding said he had a patient formerly who was relieved of sick headache by abandoning the use of tobacco. In reply to the remark that longevity had been increased,

said it did not apply to uncivilized races, who all use tobacco. We must look to other causes for the increased average.

The Therapeutic effects of mercurial preparations was selected as a subject for next meeting.

Proceedings of the Clermont County Medical Society.

Reported by I. W. MENDENHALL, M.D., Secretary

May 9, 1865.

The Society met in the Court House in Batavia at 11 o'clock A. M., and in the absence of the regular officers was temporarily organized by the appointment of Dr. McLain to the chair, and Dr. Mendenhall, Secretary.

The minutes of the previous meeting were read, and after a correction by J. C. Kennedy of the report of his remarks on diphtheria, was approved.

Dr. Maggini was proposed by the censors as a proper candidate for membership, who was elected.

Adjourned till 1 o'clock P. M.

AFTERNOON SESSION.—The annual election for officers of the Society was held, and resulted as follows:

For President, Dr. W. C. Hall; Vice-Presidents, Drs. McLain and McChesney; Treasurer, Dr. P. Kennedy; Secretary, Dr. I. W. Mendenhall; Corresponding Secretary, Dr. J. C. Kennedy; Censors, Drs. Coombs, Maggini and Thompson.

Dr. Hall, on taking the chair, thanked the Society for the honor conferred upon him, in appropriate remarks.

Reports from members being called for, Dr. Coombs reported that continued fever, attended with gastric derangement, had been the most frequent form of disease coming under his notice during the past winter. He gave calomel with the best results.

The prevailing disease in Dr. J. C. Kennedy's neighborhood had been fever, attended with irritation of the air passages.

Dr. Mendenhall reported a case of insanity, apparently induced by hepatic and renal derangement, operating on a very susceptible nervous system. Calomel, nitrate of potash,

hyosciamus, quinine and prussiate of iron had been administered with partial success.

Dr. Kennedy wished to know whether the patient reasoned correctly from false premises, or incorrectly from correct premises.

Dr. Mendenhall replied that the premises and conclusions based upon them seemed to be equally erroneous.

Dr. Bradley delivered an essay on the nature, causes and prevention of puerperal convulsions. He believed that in the pregnant state the pressure of the gravid uterus on the renal veins produced hyperæmia of the kidneys, resulting sometimes in albuminuria, by which the blood became impoverished, and as a necessary consequence, a highly excitable state of the brain and nervous system followed. Under these conditions slight exciting causes, such as irritation of the stomach and bowels, an unyielding cervix uteri, etc., would probably superinduce convulsions. He believed they seldom, if ever, supervened in the absence of albuminuria. When albuminuria is found to be present in connection with pregnancy, bleeding, to relieve the serous plethora attending it, and ferruginous tonics to renovate the impoverished state of the blood, are the most appropriate remedies, and those by which the alarming occurrence of convulsions is most likely to be warded off.

At the conclusion of the essay, a lively discussion arose among several of the members as to the causes and treatment of the disease.

Dr. Hall doubted the propriety of bleeding. Cases in his practice had terminated more favorably without.

Dr. Pease had seen a number of cases; some not caused by albuminuria. Had seen one in which examinations per vaginum produced convulsions, until she was bled and had an anodyne. He believed bleeding always essential. All of his cases had recovered. Had known no bad effects to follow blood-letting.

Dr. Kennedy had tried chloroform effectually, and found but little benefit to be derived from it.

At this stage of the proceedings, Prof. Meade, having just arrived, was introduced to the Society, and proceeded, as per

announcement, to deliver a highly interesting lecture on Insanity, for which the thanks of the Society were tendered him.

The chair appointed Drs. Coombs, Maggini, McLain, Bryan and Bradley delegates to the Ohio State Medical Society.

Adjourned to meet at the same place on the second Wednesday in October next.

Correspondence.

Letter from New Mexico.

FORT CRAIG, NEW MEXICO, June 3d, 1865.

DEAR LANCET: I give you a few extracts from my note-book of one or two cases which may not be uninteresting to your readers, but in this time of gunshot and shell wounds we almost think a case is hardly worth relating unless it has something almost miraculous about it and then a successful termination.

Corporal N. Newman was wounded in the engagement with the Redway and Camanche Indians, Nov. 25th, 1864, while on horseback. I saw him about ten minutes after he was wounded. The ball entered the outer surface of the right hip about one and one-half inches beneath the superior spine of the ilium, passed transversely inwards and lodged. There was not any external hæmorrhage, and after careful examination the ball could not be found.

He complained of severe pain in the region of the spermatic vessels, slight swelling just beneath Poupart's ligament. Scrotum swollen and discolored. He was obliged to ride the same night eight miles on a caisson. He suffered but little pain for the first ten days, the external wound closing up kindly. After this period his sufferings were very severe, and were only partially relieved by large doses of morphia. The enlargement in the inguinal region increased, with effusion beneath the cellular tissue of the thigh and right side of abdomen.

Dec. 26th.—Tongue deeply coated; pulse thready and

quick; injured limb insensible to touch. A puncture in the centre of the swelling let free some watery serum. Abdomen tympanitic. Diarrhœa with great depression then set in, and the patient died Dec. 22d, 1864.

Sectio Cadaveris.—Found extensive coagula, with serum beneath the fascia of the inguinal region, and deeply beneath the muscles of the thigh. The external iliac artery near its termination was torn across for one-half of its circumference. A small thread of the cloth of his pants was found attached to the torn surface. False aneurisms of considerable firmness surrounded the wounded vessel. The ball was found imbedded in a cyst, in the abdominal muscles, near the pubes, apparently the conjoined tendon of the internal oblique and transversalis.

The interest in this is, the patient having lived twenty-six days after the external iliac had been wounded, and there not being any hæmorrhage from the external wound.

I have seen a great many cases of gunshot wounds in this country, and the majority heal by first intention, or primary adhesion. I find that even dangerous wounds recover in a remarkably short period. I can only attribute this result to the atmosphere, which is dry and warm.

I will give one case from the bite of the *crotalus harrodus* (or rattlesnake.) Private Juan Guoterres, (Mexican) was bitten Nov. 25th, 1864, over the first phalanges of ring finger of left hand. I saw him about fifteen minutes after the accident.

Treatment.—Excision of the bitten part down to the bone. This was followed with free hæmorrhage. *Spiritus frumenti*, with opium, internally. I also applied ammonia liquor to the hand. The hand was swollen with some pain for several days, but made a rapid convalescence, and the patient was returned to duty Dec. 22d, 1864.

In the treatment of these cases I think early and free incisions, and they should be free, excising the whole bitten part, will give the patient the best chance for recovery. Yet great reliance can be placed in the *Spiritus Frumenti*.

I am respectfully yours,

GEO. S. COURTRIGHT, ASSIST.-SURG., U.S.V.

Special Selections.

The Relations of Variola to Vaccinia—Animal Vaccination.

If there is any one point in the pathology of variola and vaccinia which we have considered established beyond a question, it is the opinion that vaccinia is modified variola. That both are identical in nature, the former being the product of the latter acting upon the cow or horse, but modified by the constitution of these animals to such a degree that its introduction into the human system from such a source is entirely innocuous, while it establishes a disease so nearly allied to variola as to exclude that disease, in most cases, from any future occupation of the constitution thus occupied. It would seem, however, that the French Academy of Medicine are not satisfied with the results obtained by experimenters heretofore, and having examined the subject *de novo*, they have come to conclusions directly opposite to those usually claimed to result from similar experiments. It is true that in rare instances the inoculation of the cow with smallpox virus, and the subsequent inoculation of the human system with virus from the produced pustule, has led to the development of smallpox instead of the expected vaccine disease. If the results of the Academy's experiments are to be depended upon, however, the method which has been thought to furnish the readiest means of obtaining a supply of vaccine matter in an emergency, at a distance from any source of supply, namely, that of inoculating the cow with smallpox matter, and taking from the produced pustules matter for purposes of vaccination, is entirely unreliable. It is hard to explain the incongruity of the results contained in the report to the Academy and those published in medical works of acknowledged authority. It is possible that some unappreciated influence of season or diathesis interfered with the ordinary action of the smallpox virus experimented with. Certain it is that this question can not be suffered to remain involved in any new obscurity—thrown about it by so authoritative a body as the French Academy. We hope to see before long confutation or confirmation from some other source, together with some reasonable theory to account for the impressions which have at the present time so firmly held on professional opinion. We find the results referred to reported in the *Archives Generales de Medecine* for July. It is there stated that at the session of the French Academy of Medicine held May 30th, M. Chauveau commu-

nicated the principal results of his experimental researches on this important subject.

These experiments, undertaken at first in consequence of a discussion in the Academy on this question, by a commission of which he was a member, with Messrs. Viennois and Meynet, are recorded in a report read to the Society of Medical Sciences of Lyons. It was an analysis of this report that M. Chauveau presented to the Academy.

The Commission has studied principally in the two principal vaccine-bearing and vaccine-generating animals—the ox and the horse—the effects of vaccine and variolous inoculation.

M. Chauveau sums up in these terms the results and conclusions of these experiments:

1. Human variola is inoculated on the cow and horse with the same certainty as vaccinia.

2. The effects produced by inoculation of the two diseases are entirely unlike.

In the cow, variola produces merely an eruption of papules, so small that they would escape observation, if attention had not been called to their existence. Vaccinia, on the contrary, produces a vaccine eruption, the typical form of which is large and well-characterized pustules. In the horse there is also a papular eruption, without secretion or crusts, produced by variola; but, although this may be much more severe than that of the cow, it could never be confounded with the horse-pox, so remarkable for the abundance of the secretion and the thickness of the crusts.

3. Vaccinia inoculated singly upon animals of the bovine and equine species, protects them generally from variola.

4. Variola inoculated upon these same animals generally prevents a subsequent development of vaccinia.

5. Cultivated methodically upon these same animals, that is to say, transmitted from cow to cow, or from horse to horse, variola does not approach in characters to the vaccine eruption.

At the same meeting of the Academy, Dr. Lanoix read a paper on Animal Vaccination, containing the results of his experiments since his first communication, in October last. The following are the principal results announced:

In a first suite of re-vaccinations, done at the Lyceum of the Prince Imperiale, 180 children from 9 to 12½ years of age were re-vaccinated; and of this number there were 63 in whom the vaccination produced good vaccine pustules.

In a second suite, 200 younger children, from 7 to 9 years of age, were vaccinated. In 20 only of them was a good vac-

cinia produced. In all there were 80 successful vaccinations out of the 380 re-vaccinated; that is to say, 20 to the 100.

Two months after, Dr. Michel, Physician to the Institution of Fontenay, re-vaccinated all the children of that College with animal vaccine. Out of 400 children 76 had a good vaccine disease. Adding to the above figures 40 other re-vaccinations practised on children from 7 to 13 years of age, we have a total of 820 re-vaccinations, of which 159 were successful, or 21 to the 100.

M. Lanoix also reports the results obtained by M. Dhèze in a young girls' boarding-school, and published in the *Gazette des Hôpitaux*, March 2d, 1865.

Re-vaccination in subjects from 14 to 20 years old, to the number of 71, gave 31 cases of success. In adults from 20 to 40, the number of cases of successful vaccinations was 97 to 200. There were 7 in 30 subjects, from 40 to 50 years old. Finally, of 5 persons from 50 to 60 years old, 2 were successfully re-vaccinated.

Finally, the author expresses his confidence in the results obtained by M. Negri. "As I was six months ago," he says, "and even more convinced now, I come to tell you that the transmission of vaccinia from heifer to heifer is always possible, and with such ease as to supply the needs of a large practice. That the vaccine does not grow weak, but that its activity is longer preserved, with more certainty, in its passage through the animal organism than through the human. That such vaccinations give always or almost always a positive result; re-vaccinations an average of success superior to the average of success produced by human vaccine lymph. That vaccination with virus from the heifer is easy. That it becomes in a time of an epidemic of variola a powerful resource to combat that terrible disease, by reason of the abundance of vaccine matter which may be rapidly conveyed to all points where it may be required."—*Boston Med. and Surg. Journal*.

Re-Vaccination.

BY DR. BIBBINS.

DR. BIBBINS presented some vaccine scabs which were the results of a revaccination of a family, and were remarkable for their size and compactness. The family consisted of father and mother, both upwards of fifty years of age, and two sons, the eldest seventeen and youngest fifteen. All had been vaccinated in their infancy. They had since that time resided in

the South, and had continued to do so until recently. The operation was performed on the 19th of January, and the scabs from the arms of the father and son did not separate until six weeks after. Besides being very large, the scabs were very perfect in every way, and looked very much as if they might be the results of primary vaccination. In conclusion, he remarked that the scabs formed a very good illustration of the epidemic constitution for vaccination which has prevailed so extensively during the present season.

Dr. Newman remarked that a case had been communicated to him where the vaccine from a cow created small pox. He did not, however, consider that such cases were rare during the last epidemic. He also stated that he had re-vaccinated a gentleman seven weeks ago, and the crusts had not yet separated, the patient still complaining of violent itching of the part, attended with more or less febrile movement.

In answer to a question from Dr. Hamilton, Dr. Bibbins stated that the health of the family, with the exception of that of the youngest boy, had been remarkably good.

Dr. Hamilton believed that the ordinary bad results which followed vaccination and revaccination could be referred to a scorbutic condition of the system which existed at the time the operation was performed. He had given particular attention to this fact while in the army, and had always been enabled to make out the relation of cause to effect. In some regiments where very little fresh meat and very few vegetables could be obtained, he had seen revaccination sores two inches in diameter, looking like large rupial eruptions. These same sores would show themselves upon any slight scratch of the body as well. He referred also in this connection to a family in Northern Alabama, consisting of three members, who were vaccinated by a Confederate surgeon, and in every one of whom, from the fact of their having been deprived for a long time of fresh meat and vegetables, the sores were unusually large, indolent and unhealthy. He supposed that the opinions concerning the possibility of the introduction of syphilitic virus into the system, by means of vaccination, might easily be shown to have no foundation in fact, but that the sores produced which presented a syphilitic appearance were really nothing more than the exponents of a scorbutic state of the system existing at the time.

Dr. Bibbins remarked that the family had lived for many months in the city before re-vaccination was performed, and he had good reason to believe that their food was of the best quality. The eldest son, in fact, came North at the commence-

ment of the rebellion, and consequently lived a longer time on good diet, yet his was the largest crust.

Dr. Sewall remarked that the smallest crust was the most perfect one, inasmuch as it did not have connected with it so many adventitious matters.

Dr. Bibbins stated that the crust referred to was from the arm of a female. Generally, the crusts are larger upon the arms of men, on account of the irritation of the sleeves.

Dr. Sewall stated that he had noticed during the past season a tendency for vaccine sores to become more than usually inflamed. He could refer to eight or ten such instances that had occurred to him within the time mentioned. He attributed this to the peculiar epidemic influence referred to by Dr. Bibbins.

Dr. Newman referred to some experiments made by Neimeyer, which tended to prove that syphilitic disease could not be inoculated with vaccine virus. It was the blood or other matter which might be mixed with the vaccine, which was the means of communicating syphilis from one person to another.

Dr. Post stated that Dr. Bulkley had met with three instances in which children vaccinated from the same matter had syphilitic eruptions following. Dr. P. also had lately, at his clinic, a child which had been vaccinated three weeks before, and which had a pretty extensive scaly eruption. Dr. Post was inclined to regard this eruption as syphilitic. The child had no such eruption before the vaccination was performed.

Dr. Hamilton remarked that he thought that the fact had been settled, that syphilitic disease could never be communicated from one person to another through vaccine virus. In the first place, syphilitic eruptions differed so much in characters that it was often very difficult to make a diagnosis. Again, the same matter used upon different persons was apt to be followed by eruptions which differed essentially from each other. He had met with an illustration of that fact. Five children were vaccinated from the same crust; two escaped without any eruption, while the remaining three had each an eruption which differed from the other. He believed that many who had seen these eruptions would, without any definite knowledge of the circumstances of the case, have pronounced them syphilitic. He believed that if any predisposition to any particular eruption existed, vaccination would be very likely to develop it.

Dr. Bibbins believed that cases of the propagation of syphilis

by means of vaccination, if they did occur at all, were exceedingly rare. During his connection with the Demilt Dispensary for the past eleven years, he had had an opportunity of seeing twenty-five thousand patients vaccinated, and in not a single one had there been the slightest evidence of the propagation of the syphilitic poison. He recollected a case where a child was covered with a syphilitic eruption soon after its birth. When three months old, the eruption had entirely disappeared and vaccination was performed. In that instance, a perfect crust was formed, and the vaccination did not re-excite the syphilitic eruption.

Dr. Bibbins, in conclusion, asked if any of the members had met with an itching eruption after vaccination, and referred in that connection to the case of a young man who had suffered some time with such an eruption on the backs of his hands.—*New York Medical Journal—Report of N. Y. Pathological Society.*

Reviews and Notices.

Transactions of the American Dental Association.

THE fourth annual meeting of the American Dental Association was held at Grant's Hall, at Niagara Falls, July 26th, 1864.

Dr. Allen, of New York, President, was in the chair, and a respectable showing of delegates in attendance responded to their names.

Dr. McQuillen, of Philadelphia, was elected President for the ensuing year, and Dr. J. Taft, of Cincinnati, Secretary.

The handsome volume before us does credit to the taste of the Publishing Committee, and embraces in addition to the record of Transactions, the Retiring Address of President Allen; Dental Pathology and Surgery, by Dr. W. H. Atkinson; Dental Literature, by C. P. Fitch; Dental Caries, by Dr. Cheesebrough; Reproduction of Maxillary Bones, by Dr. W. A. Pease, (of Dayton, Ohio); Articulation and Articulators, by W. G. A. Bonwill; On Societies, by Dr. Taft, (of Cincinnati); Different Materials as a Base for Artificial Teeth, by Dr. J. Allen. And added to these we observe the remarks of members given in full upon some of the more important topics

of the various papers. Fifteen Associations were represented at this meeting of the American Association.

Addresses at the Fifth Annual Session of the American Dental Association.

Some kind friend has sent us a pamphlet containing addresses delivered at the recent meeting of the American Dental Association at Chicago, July 25th, 26th, 27th, 1865, consisting of an Address of Welcome, delivered at the opening of the session by Dr. W. W. Allport; an Address on Specialties and Specialists in Medicine, by Prof. Daniel Brainard, and remarks of Prof. N. S. Davis at an entertainment given by him at his residence to the members of the Association. These addresses are very readable and worth preserving. We can not give a good idea of Dr. Brainard's excellent address, for it is full of good points and popular in its style. We take space, however, to make the following quotation:

Of course there must be colleges of dental surgery, so long as dental surgery can not be learned elsewhere. This is a want, and until we can supply it, the practice of surgery must be necessarily more or less imperfect. It is necessary, in my opinion, that the dentist should be an educated physician. [Cheers.] It is necessary that he should understand the structure of the body beyond the teeth. [Cheers.] And I will mention this curious thing about anatomy and quackery. Anatomy in itself would not seem to teach a man much of a practical nature; but I have never yet seen an accomplished anatomist who was a quack, or a quack who was an anatomist. There is an incompatibility between the pursuit of that sublime science, which makes the two incompatible; and if you will fetch before me any man, whether he be a dentist or otherwise, and he will tell me all that is known in reference to anatomy, I will accept that man as a scientific man, without asking him another question. [Laughter and applause.] That is the foundation of all medical science, and therefore you must have that; and you must have, in addition to that, the knowledge of physiology. You must have an especial knowledge of the action of medicines, as they operate upon the human system, not to speak of those other branches of science and accomplishments, outside the profession strictly so-called, which are so necessary to give influence to science, to render man happy, to adorn his life, and made him a gentle-

man. I would have, in the first place, all the different classes of the medical profession educated in the same schools, to the extent of acquiring this general knowledge of which I have just spoken; and then I would have in each college not only a professor of diseases of the teeth, but I would have a special professor with regard to a certain number of other branches, at present of the diseases of the eye and ear, and of the nature and treatment of deformities of every kind. These branches have all acquired a degree of development which requires them to be treated from separate chairs; and when the student had got sufficiently accomplished in general principles, I would have him adopt that branch which he proposes to follow, and devote his special attention to it; and I would have these new chairs instituted from time to time as the wants of the community seem to require.

The remarks of Prof. Davis, although in response to a toast, appears to be a somewhat elaborate exposition of the speaker's views upon the subject of specialists. It is of importance as coming from the late President of the American Medical Association. Like Dr. Brainard, Dr. Davis evidently favors a judicious division of medicine and surgery into its natural departments, regarding dentistry as one branch of the great general profession.

Catalogue of Clark's Herbarium, Cincinnati.

We have examined the pamphlet before us with more than ordinary interest and surprise. It is the labor of love of an accomplished lady of this city, long connected at different times with two of our leading Female Colleges. It is a "Catalogue of plants contained in the Herbarium of Joseph Clark, arranged according to the natural system. By Rachel L. Bodley, M.L.A., late teacher of Natural Sciences in the Cincinnati Female Seminary."

Our readers will read the following free extract from our author's preface, with interest, as explanatory of the character and object of the catalogue:

Joseph Clark was a native of Scotland, and a resident of Cincinnati from the year 1823 till his death at the age of seventy-six years, which event occurred in this city July 1st, 1858.

He was a lover of nature, and an indefatigable collector of

specimens in the several departments of natural history. He was one of the founders of the Western Academy of Natural Sciences, and was the author of a "Catalogue of Flowering Plants and Ferns, observed in the vicinity of Cincinnati," which was adopted and published by the Academy in 1852. At his death his extensive cabinets and herbarium passed into the hands of a relative, and were at length deposited in the Cincinnati Female Seminary, where they still remain. The vicissitudes which that Institution encountered in 1860-1 prevented the consummation of the plans of the proprietors, Messrs. Burrowes and Sayler, which embraced a scientific arrangement of the heterogenous accumulation, gathered from various sources, which crowded their beautiful Museum Hall.

When I entered the Seminary, in February, 1862, I found chaos reigning in the domain of Science. Nothing was available as a means of illustration in my department save a choice collection of fossils and a small mineralogical cabinet. In the midst of abounding wealth famine was inevitable, through lack of classification. With a resolute will I entered single-handed upon the herculean task of making these treasures available to science. I selected the herbarium as that portion of the work which in midwinter was most easy of approach, and at once set about collecting it. Packages, boxes, and cases were sent up to my laboratory day after day, as successive forays discovered their hiding-places, till the number swelled to thirty or more. The work proper then commenced; during three years I have labored patiently and faithfully upon it in my leisure hours, and it is only now, in my fourth Summer vacation, that I have finished the classification and arrangement of this Herbarium. The plants, for the most part, had been named, but named according to the nomenclature of thirty years ago. Hence the necessity for a careful study of synonyms and a critical and laborious examination of individual specimens for the purpose of effecting the numerous nomenclatural changes which the advance of science rendered necessary. No attempt at classification, according to the natural system, had been made, except in one package.* The partial lists of plants which were found scattered through the collection were alphabetical. The whole mass was carefully opened, the plants identified, as far as possible, with existing enumerations just referred to, classified, culled, (duplicates preserved,) and finally arranged, in labeled sheets of uniform size, under their respective genera and orders, and the

* A valuable contribution, whose labels bear the name of "G. W. Kellogg."

whole placed in a convenient herbarium case, where it is now in complete readiness for reference and study. This Catalogue is printed with a view of assisting the student and traveler in such reference and study, and if it shall serve this purpose, the labor its preparation has cost will be amply rewarded. Rev. G. M. Maxwell, D.D., the present proprietor and principal of the Seminary, proposes to make his building a pleasant resort for those interested in scientific pursuits, and will doubtless extend a welcome to all such who may choose to visit it.

There has been another incentive, aside from my love of science, which has nerved me in my task. It is a desire, prompted by my pride as a Western woman, that the natural sciences should find a home in this beautiful Western city of ours. There was a time—the time, indeed, which this Herbarium represents—when the prospect was flattering for a brilliant future for Cincinnati in this respect. Not a few gentlemen, learned and enthusiastic, were numbered in the literary coterie of the city. In the department of botany were found Dr. Daniel Drake, Dr. John Locke, Dr. John L. Riddell, Thos. G. Lea, Dr. Joseph Frank, Milo G. Williams, Joseph Clark, and Robert Buchanan, the last of whom alone remains to represent to the present generation the urbanity and scientific knowledge of his associates.

Miss Bodley will please accept our sincere thanks for the copy of this catalogue courteously sent to this office.

Editor's Table.

Thirteenth Annual Meeting of the American Pharmaceutical Association.—We are indebted to W. J. M. Gordon, Esq., of this city, and President of the Association for the current year, for Boston papers containing a full report of the Transactions of its recent meeting in that city.

The Association convened in the rooms of the Massachusetts College of Pharmacy, in the city of Boston, on Tuesday, Sept. 5. The President, Mr. Gordon, of Cincinnati, in the chair. Members were present from the principal cities of the Union. Mr. Henry W. Lincoln, of Boston, was elected President.

We observe in reading the minutes that there is the same evidence of industrious progress exhibited by the annual reports on the Progress of Pharmacy, and the elaborate and carefully prepared replies

to queries on important pharmaceutical topics. The Association, after an excellent session of four days, adjourned to meet next year in the city of Detroit.

The following remarks by the *Boston Medical and Surgical Journal* are so fit that we give them entire :

Pharmacy, so long known by the modest title of handmaiden of medicine, may well claim for itself in these days the rank of an independent art. From the mere mechanical slave of the pestle and rude compounder of simples, she has become mistress over the subtlest laws of chemistry, and has built up a science which we may be proud to recognize as a sister to our own. Our every-day use of the elegant and powerful means she furnishes for the relief of human suffering makes us, perhaps, unmindful of those who are working in a less ostentatious way in the same field with ourselves, but a closer bond of fraternity should be cultivated between our mutually dependent and kindred professions. Upon the skill and honesty of the pharmacist and apothecary we must wholly rely for the selection and preparation of those agents upon which our success in practice so materially depends, for rarely, to our shame be it said, is a physician to be found who possesses even an elementary knowledge of their art. To the labors of the scientific men who are engaged in its practice we are indebted for the simplest and best pharmacopœia in the world, nor does any country exhibit greater ingenuity or elegance in the products of its laboratories.

This progress in the art of pharmacy is in great measure owing to the influence of the American Pharmaceutical Association within the last few years. Controlled by the most eminent men, its efforts have been constantly directed to elevate the scientific character of the profession it represents, and its success is as much a cause for congratulation to us as to them.

A Female Surgeon Forty Years in the British Service, her sex unknown.—We find the following somewhat remarkable account in one of the secular papers of the day.

An English paper says :

An incident is just now being discussed in military circles, so extraordinary that, were not its truth vouched for by official authority, the narration would certainly be deemed absolutely incredible. Our officers quartered at the Cape, some fifteen or twenty years ago, may remember a certain Dr. Barry, attached to the medical staff there, and enjoying a reputation for considerable skill in his profession, especially for firmness, decision and rapidity in difficult operations. This gentleman had entered the army in 1813, had passed, of course, through the grades of assistant surgeon and surgeon in various regiments, and had served as such in various quarters of the globe. His professional acquirements had procured for him his promotion to the staff at the Cape. He was clever and agreeable, save for the

drawback of a most quarrelsome temper, and an inordinate addiction to argument, which perpetually brought the former peculiarity into play. He was excessively plain, of feeble proportions, and labored under the imperfection of a ludicrously squeaking voice. Any natural "chaffing" with regard to these, however, especially aroused his ire, but was at length discontinued on his "calling out" a persevering offender and shooting him through the lungs.

About 1840 he became promoted to be medical inspector, and was transferred to Malta. There he was equally distinguished by his skill, and by his pugnacious propensities, the latter becoming so inconveniently developed upon the slightest difference of opinion with him, that at last no notice was allowed to be taken of his fits of temper. He proceeded from Malta to Corfu, where he was quartered for many years, still conspicuous for his peculiarities. When our Government ceded the Ionian Islands to Greece, and our troops, of course, quitted the territory, Dr. Barry elected to leave the army and take up his residence for the rest of his days at Corfu. He there died about a month ago, and upon his death was discovered to be a woman! Very probably this discovery was elicited during the natural preparations for interment, but there seems to be an idea prevalent that either verbally, during the last illness, or by some writing, perused immediately after his (for we must still use the "masculine") death, he had begged to be buried without a *post mortem* examination of any sort.

This, most likely, only aroused the curiosity of the two nurses who attended him, for it was to them, it appears, that the disclosure of this mystery is owing. Under the circumstances, the fact was deemed so important that medical testimony was called in to report upon and record its truth. By this investigation not only was the assertion placed beyond a doubt, but it was equally beyond a doubt brought to light that the individual in question had some time or another been a mother. This is all that is as yet known of this extraordinary story. The motives that occasioned and the time when commenced this singular deception are both shrouded in mystery. But thus it stands an indubitable fact, that a woman was for forty years an officer in the British service, had fought one duel, and had sought many more, had pursued a legitimate medical education, had received a regular diploma, and had acquired almost a celebrity for skill as a surgical operator.

Interesting Physiological Fact.—We give the following, taken from one of our floating exchanges, for what it is worth. How well established are its facts we have not just now the means of declaring.

An army correspondent writes: "In the army and among returned soldiers, I have noted one fact in particular, somewhat at variance with the usual theories. It is that light haired men, of the nervous sanguine type, stand campaigning better than the dark haired men, of bilious temperament. Look through a raw regiment, on its way

to the field, and you will find fully one half of its members to be of black hair, dark skinned, large bone, bilious type. See that same regiment on its return for muster out, and you will find that the black haired element has melted away, leaving at least two-thirds, perhaps three-fourths of the regiment to be represented by red, brown and flaxen hair. It is also noticed that men from the cities, slighter in *physique*, and apparently at the outset unable to endure hunger and privation, stand a severe campaign much better than men from agricultural districts. A thin, pale looking dry goods clerk will do more marching and starving than many a plow boy, who looks muscular enough to take a bull by the tail and throw him over a stake and rider fence."

The Cholera.—Medical men every where are earnestly discussing the probabilities of an early appearance of the cholera scourge in this country, and there seems every reason to apprehend such a visit at no distant date. Its ravages in Smyrna, Constantinople, and Southern Europe indicate its old virulence and a similar progressive march. The people meanwhile are daily asking their medical advisers as to the approach of cholera; and while we deprecate foolish or unnecessary alarm, it is highly proper that we do not rest in idle security, and neglect due hygienic precautions. We take the following editorial from a recent number of the *Philadelphia Reporter*, giving an interesting *resume* of this subject:

The medical profession is well aware that Asiatic cholera has long been naturalized as a disease of occasional occurrence in almost all parts of the world. It is in its epidemic form only that it gives cause for alarm. Originating in India, and first attracting special notice during the fearful epidemic which began in 1817, it gradually advanced westwardly, until it entered Russia in 1830, thence across Europe to England, where it first appeared in 1831, and raged with violence during the following year, crossing the Atlantic in the spring of 1832, and spreading with great fatality over this country.

Since that time, we have had three epidemics of the disease, viz., in 1849, 1854 and 1858, the disease each time starting on its fearful course of destruction out of India, as did the original epidemic which spent itself in Europe and this country, in 1831-2. Again, in 1862-3, the cholera demon aroused itself from its lair in India, and started forth on another errand of destruction. During those years, it proved very fatal in different portions of India. In 1864, it did not seem to attract attention at all, but, for some months past, Europe has been thrown into great excitement, and some portions into real consternation, in consequence of being threatened with epidemic diseases of a very fatal character. First, in the latter part of last year, and early part of this, came the "Russian or Siberian Plague, as it was termed, a disease of a typhus nature, attended

with considerable fatality, which advanced half-way across Europe, where it has seemed to pause in its progress for a time.

Meanwhile, another evil influence, reported to be our old enemy, the Asiatic cholera, made its appearance early in this year, in Arabia, being first reported to us as raging with fearful violence among the pilgrims to Mecca. From thence it advanced northward to the Mediterranean, and followed both its northern shore into Turkey, and its southern shore into Egypt. This is a different track from any ever followed before by cholera in its westward progress, and it seems by its erratic course to sorely puzzle the alarmists of western Europe, which is apparently menaced now by two epidemics—the “Russian Plague” from the northeast, and the cholera from the southeast. We have chronicled the doings of the epidemic in Alexandria and Cairo in Egypt.

From Egypt, the cholera has crossed the Mediterranean, appearing at various ports of southern Europe, as Port Mahon, Barcelona and Valentia in Spain, Marseilles in France, and at Ancona in Italy. It is also advancing westwardly by Smyrna and Constantinople. In some of these places it has been very fatal. Our minister at Constantinople advises our government that the ravages of the cholera at the Turkish capital might have been greatly checked had a rigid quarantine been enforced. The fact has already been published that the deaths in Constantinople, at last accounts, reached over 500 a day. A newspaper correspondent, writing on the 2d of August, says the disease has all the worst types of Asiatic cholera, and rages, though the weather is cool and pleasant. Few Europeans have been attacked. The government physicians, although paid extremely high salaries, have mostly fled.

This epidemic seems to have carried a panic with it wherever it has appeared, and the populace is reported to fly before it in every direction. A late report says:—The accounts of the ravages of cholera in the East are becoming dreadful. The deaths seem to have spread a panic even among Mussulmen, with whom it is a point of honor to meet epidemics resignedly. From the correspondence of the *Times*, we learn that in Constantinople, up to the 11th ult., 150,000 workmen had fled the city, and in the crowded quarters the people died in hundreds unattended and uncared for. In Smyrna, the disease is aggravated by poverty so dreadful that the British Consul is feeding 250 people out of his own pocket, simply to keep them alive. The Jewish community in Smyrna, including about 10,000 persons, is suffering in an extraordinary degree from cholera and poverty. During the cholera panic at Barcelona, nearly 10,000 people left the town in one day, although very few cases of real cholera occurred there.

By the last arrival, as we write this, it is reported that no advance of the disease has been made—that it is, indeed, receding, and the inhabitants of western Europe are flattering themselves that they may escape these epidemics, that have been threatening them, altogether.

Personal.—Dr. William Clendenin has finally retired from the military service, where he has been honorably engaged for about four years. His worth was so well recognized by President Johnson, who was thrown into relations with the Doctor while Military Governor of Tennessee, that he tendered him the Consulship to St. Petersburg. We are glad to announce, however, that he decides to return to the practice of his profession in this city, and will be ready for his duties as Professor of Military Surgery and Surgical Anatomy in the Miami Medical College.

Dr. C. B. Chapman, late of Madison, Wisconsin, has reached our city, preparatory to entering upon his duties as Professor of Chemistry in Miami Medical College.

Medical Catalogue.—Messrs. Robert Clarke & Co., of this city, have prepared a convenient catalogue of all the leading medical textbooks, with their prices. It will be found stitched with the advertising sheet of this number of the *Lancet and Observer*.

Health of Southern Cities.—The following report of the health statistics for seven months, ending July 31st ult., of the city of Natchez, Miss., we cut from the *Natchez Weekly Courier*, and contains much suggestive information. We trust the time is nearly at hand when we shall be able to present similar information concerning the health of Cincinnati:

OFFICE BOARD OF HEALTH,
NATCHEZ, MISS., July 31st, 1865. }

MR. EDITOR: I herewith transmit for publication, a consolidated report of deaths, occurring within the city limits for the seven months, ending July 31st, 1865.

As the Board of Health was not organized until the latter part of last January, I am not able to give the diseases during that month. The number of deaths, ages, etc., I obtained from the city sexton's books and other sources.

For the information of those who did not see our report of the inspection of the city last spring, it will perhaps be best to state that the population of Natchez at that time was as follows:

Whites,.....	3,558
Negroes,.....	5,026
Soldiers camped in city limits,.....	2,671

Total,	11,255
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Since that time, a large number of colored people have been removed to the Freedman's Colony, at Washington, Miss., and there has been quite an increase of the white population from returned

soldiers, etc., etc. Hence, in all probability, the white population now exceeds the colored, in about the same proportion that the colored exceeds the white in the above table:

	WHITE.		COLORED.	
	Male...	Female	Male...	Female
Number of deaths during January,.....	7	4	10	6
Diseases commencing February 1,.....	0	0	0	0
Apoplexy,.....	1	0	2	1
Burned,.....	0	0	0	1
Birth Premature,.....	0	0	0	1
Consumption,.....	6	6	3	5
Convulsions,.....	2	1	0	3
Congestion of Brain,.....	1	3	0	0
Cholera Infantum,.....	1	2	2	0
Colic,.....	0	0	1	1
Diarrhœa Chronic,.....	0	0	1	1
Diarrhœa Acute,.....	4	1	8	14
Dysentery Acute,.....	0	2	2	6
Dentition,.....	1	0	3	2
Delirium Tremens,.....	1	0	0	0
Dropsy,.....	1	2	2	2
Drowned,.....	1	0	0	0
Debility,.....	1	0	0	0
Fever Congestive,.....	1	0	0	0
Fever Remittent,.....	0	0	2	1
Fever Typhoid,.....	0	1	2	2
Gun Shot Wound (accidental,).....	1	0	0	0
Whooping Cough,.....	0	1	0	0
Injury from a Fall,.....	0	0	1	0
Inflammation of Brain,.....	2	0	0	2
Inflammation of Bowels,.....	0	1	2	1
Inflammation of Heart,.....	0	2	0	1
Inflammation of Liver,.....	0	1	0	0
Inflammation of Womb,.....	0	0	0	1
Killed by Accident,.....	0	0	1	0
Measles,.....	3	2	2	3
Pneumonia,.....	4	1	7	3
Paralysis,.....	1	0	0	1
Rheumatism Chronic,.....	1	0	0	0
Still Born,.....	7	1	7	1
Small Pox,.....	0	1	0	1
Tetanus Traumatic,.....	1	0	0	0
Tabes Mesenterica.....	0	0	1	0
Unknown,.....	5	5	9	17
White Swelling,.....	0	0	1	0
Total,	53	37	69	78

Thus we have a total of 90 white and 147 colored. Of the 90 whites, 20 only were of families of old residents; the remaining were mostly refugees.

The deaths for the several months were as follows: January, 27; February, 30; March, 26; April, 24; May, 52; June, 44; July, 34.

Under 3 years, 83; between 3 and 10, 32; between 10 and 25, 37; between 25 and 40, 39; between 40 and 60, 19; between 60 and 80, 8; eighty-five, 1; unknown, 18.

The deaths in the Hospitals within the city limits, since January 1st, have been:

	WHITE.	COLORED.
Soldiers,.....	33	76
IN SMALL POX HOSPITAL.		
Soldiers,.....	4	15
Citizens, Male,.....	7	1
“ Female,.....	1	3

Of the white soldiers, 27 died in the Wards for enlisted men of the officers' General Hospital, and were principally patients brought from the Hospitals at New Orleans and Vicksburg.

Colored citizens have not been admitted into the Small Pox Hospital since about the 1st of March; they have been sent to the Contraband Small Pox Hospital, above Vidalia, La., and I have no means of learning the number of deaths of patients sent from Natchez.

JAMES S. KING, A. A. Surgeon U.S.A.,
Recorder Board of Health.

Cincinnati College of Medicine and Surgery.—By reference to the card, it will be seen that this school has been re-organized since the death of Dr. A. H. Baker. Dr. Wood takes the chair of Surgery; Dr. Tate, Obstetrics, Dr. Rolker, Pathology and Diseases of Children; Dr. McIlvaine, Physiology; Dr. Goode, Anatomy.

The Tripler Hospital, near Columbus, having been finally transferred to the State of Ohio for the purposes of a Soldier's Home, Gov. Anderson has appointed Surgeon-General Barr, of Columbus, Messrs. Wilstach, of Cincinnati, Gunckel, of Dayton, Hall, of Toledo, and Witt, of Cleveland, a Board of Trustees for the Home.

Hospitals.—The Commercial Hospital of Cincinnati must always afford valuable clinical advantages to medical students. We trust the day is not far distant when the pride of our city will demand adequate buildings, suited to the purposes of a Hospital, and affording the completest advantages to the growing classes of students in

our city. Since the closing up of the Washington Park Military Hospital, that building has been thoroughly refitted, painted, renovated and made a branch of the Commercial Hospital. It is intended to be appropriated to the department of women and children. A suitable lecture room will be fitted up and the Clinics of this department for this winter will be given in the new building. All medical students have access to the privileges of this Hospital on payment of the fee, \$5.00.

The building on the corner of Franklin and Broadway, lately used as a Post Military Hospital, has passed into the hands of a Board of Trustees, who are fitting it up as an Episcopal Hospital. We are not advised whether any clinical advantages will be afforded to students.

The St. John's Hospital, after various efforts to secure a new edifice, is now erecting a new amphitheatre for clinical lectures. This hospital is mainly under the medical and surgical control of the Faculty of the Medical College of Ohio, and the students of that School only have the privilege of its clinics.

The Miami Medical College.—It will be observed by reference to our advertisements that this school has fixed a Matriculation Fee of \$15.00, and makes no charge for Professors' Tickets.

A New Medical Journal in Canada.—We have received the first number of a new monthly medical journal, styled *Gazette Medicale*, published at Montreal, in the French language. Drs. Dajenais and Lemire, editors, at \$2.00 per annum. It is well gotten up and doubtless will command a fair support. We welcome the *Gazette* to our exchange list. Amongst its selected articles, however, we notice an abstract of a paper, credited to the *American Journal of British Sciences*, on Persulphate of Iron in hæmorrhoids, by Dr. George S. Courtwright. The article was originally published in this journal, and was contributed by a very intelligent Assistant-Surgeon U.S.V., now on duty in New Mexico. The article has been very generally republished in American and English medical journals, (usually misspelling the name *Courtwright* for Courtright,) and we suppose it has at length come to be regarded as common property.

Diphtheria—A Circular from Dr. Norton.—Dr. O. D. Norton, of Cincinnati, was placed on a special committee by the American Medical Association to report on Diphtheria. He has handed us the

following list of queries, and any of our readers who have had opportunities for observing the disease, will confer a favor that will be appreciated and acknowledged, by corresponding with Dr. Norton:

I. Has Diphtheria occurred in your practice? If so, when did it first make its appearance? (Please state the year and the months in which it prevailed, and how many cases came under your observation.)

II. Did it occur as a Sporadic, Endemic or Epidemic disease?

III. Did the disease affect one class or age more particularly, and what were its general characteristics?

IV. What in your opinion are the general and what the exciting cause or causes of the disease?

V. Do you consider Diphtheria and Scarlatina identical?

VI. Do you consider it communicable?

VII. What other diseases were especially prevalent at the time?

VIII. Do you know of any disease having affected animals during the occurrence of Diphtheria in the community?

IX. Have you seen the Diphtheritic membrane developed upon the cutaneous surface or upon wounds?

X. In what proportion of cases has the disease invaded the Larynx? Also, the Œsophagus?

XI. What have been the Sequelæ?

XII. What has been the result of Post Mortem or Microscopical Examinations?

XIII. In what proportion of cases have you found Albumen in the Urine?

XIV. What has been the rate of mortality? and what the immediate cause of death?

XV. What was the general course of treatment pursued by you, and what particular remedial agents seemed to be most productive of good?

The House of Lea & Blanchard.—There is not one of our readers to whom the names of Lea & Blanchard are not familiar, as connected with the publication of medical works. They do the chief medical book publishing business on this continent. We are chiefly indebted to the Publisher's Circular for the following brief outline of the history of this establishment. The house was originally established by Matthew Carey, who came to this country from his native city, Dublin, in 1783. He was a great writer and controversialist, and published many works. His son, Henry C. Carey, became associated with him in business about the year 1821. Mr. H. C. Carey has gained a world-wide celebrity as a political economist. The style of the firm at this time was M. Carey & Sons. In 1824 Matthew Carey retired from the firm, and in 1827 Mr. Edward L.

Carey became a partner, the style of the firm being Carey, Lea & Carey. Two years later E. L. Carey formed an association with Mr. A. Hart, to carry on the retail business of the firm, leaving the old firm with the title of Carey & Lea. In 1833, Mr. William A. Blanchard, who had entered the service of the firm as a boy in 1815, became a partner, and the style of the firm was changed to Carey, Lea & Blanchard. In 1837 Mr. Henry C. Carey retired, and the business was conducted till 1851 in the name of Lea & Blanchard, when Mr. Isaac Lea retired, and his son, Henry C. Lea, became the junior partner, and the title of the firm was reversed, and the house was known as that of Blanchard & Lea until recently by the retirement of Mr. William A. Blanchard and the accession of his son, Mr. Henry Blanchard, as junior partner, the title of the firm is again changed to Lea & Blanchard.

This firm, though often charged with want of liberality in its dealings with authors, has however, always maintained a high character for integrity. Several of its members have been distinguished as writers, and one of them, Mr. Isaac Lea, is prominently known as a student of natural science, and a contributor to our fund of knowledge on some of its branches. He is, we believe, an active member of the Academy of Natural Sciences in this city, and has contributed to that and other scientific bodies and journals, numerous monographs and essays, which have rendered him an authority in the branches to which he has directed his researches.

The medical profession is under obligations to this house for keeping one of the principal fountains of medical literature pure and unadulterated. In our editorial experience of fifteen years, we do not remember an instance of their departure from the paths of legitimate medical literature. Their representative serial publication, *The American Journal of the Medical Sciences*, is the only quarterly medical journal now published in this country. It is well known to most of the profession of the country. Long may the firm live to publish good medical books, especially good *American* books.—*Med. and Surg. Reporter*.

M. Nelaton's Fee from the Czarewitch.—It is known that M. Nelaton received 400,000 francs for his professional visit to the late Czarewitch. It is not so well known, we believe, that this fee was asked, not, as has been stated, because the famous surgeon was too rich and too old to make the journey, and that he therefore set a prohibitory tariff, but because M. Nelaton avoids all utterly hopeless

cases, as this was known to be, and thus does not endanger his just reputation for saving his patients, where there is a gleam of hope. The fee demanded by the French Surgeon whom Queen Amalie recommended to King Leopold, without successful result, amounted, it is said, to 160,000 francs. The English surgeon who operated successfully on the royal patient (Mr. Henry Thompson) left the honorarium to his Majesty's good will and pleasure, and received £4,000 and an order of Belgian chivalry.—*London Athenæum*.

PHILADELPHIA, 215 SPRUCE ST., Sept. 2, 1865.

DEAR DR.—As many injuries are constantly made relative to the Transactions of the American Medical Association, I enclose this Circular of our Treasurer, and request that you insert in any way you prefer, the facts contained therein. Those who have already paid should remit the postage, and the volume will be immediately forwarded.

Volume XVI., now in press, will scarcely be ready before the new year.

With many thanks for your previous kindness,

I am, very respectfully,

WM. B. ATKINSON,

Permanent Secretary.

The following volumes are for sale :

Proceedings of the Meeting of Organization, 50 cents.

(Vols. I., II., III., IV., and VI. are out of print.)

Vols. V., VII., VIII., and IX., if taken collectively, \$5.00 for the set. If singly, \$2.00 apiece.

Vol. X. at \$2 00.

Vol. XI. at \$2 00.

Vol. XII. at \$2.00.

Vol. XIII. at \$2.00.

Vol. XIV. at \$2.00.

Vol. XV. at \$3.00.

Vol. XVI. in press.

As there are various methods by which the volume may be sent, inform me which you prefer. If by mail, please forward thirty-two cents in post-office stamps, that your postage may be prepaid.

Very respectfully,

CASPAR WISTER,

Treasurer Amer. Med. Association.

No. 1303 Arch Street.

Foreign Medical Intelligence.—Mr. Lawrence, so long Senior Surgeon of St. Bartholomew's Hospital, London, has resigned his position. The *Lancet* says he has tenaciously held his office in spite of all the warnings of age and the representations of his best friends,

and wishes it could have recorded his retirement under circumstances which might have justified a warmer tribute to his unselfishness and sense of public duty. Mr. Wornald, President of the Royal College of Surgeons, succeeds him.

Prof. Malgaigne has been obliged by ill health to resign his surgical chair at the Faculty of Medicine in Paris.

Sir William Hooker, the eminent English botanist, is dead.

Prof. T. H. Huxley has been appointed Fullerian Professor of Physiology at the Royal Institution of Great Britain.

Dr. Julius Klob has received the appointment of Extraordinary (ausserordentlich) Professor of Pathological Anatomy at the University of Vienna.

Dr. Carl Pagenstecher, the well known oculist, recently died at Elberfeld.—*Boston Med. Journ.*

We learn that Dr. Horatio R. Storer, of this city, has been appointed Professor of Obstetrics in the Berkshire Medical College.

Dr. Newman stated, at a recent meeting of the New York Academy of Medicine, that within his knowledge vaccine matter from a cow had produced smallpox in the person vaccinated. He thought such cases were not rare during the recent epidemic.

The books of the Federal undertaker at Nashville, Tenn., show that he has buried, since the Federal occupation of the city, 13,631 soldiers and government employees (1000 of the latter); also 8,000 rebel soldiers, and 10,000 contrabands and refugees.—*Ibid.*

Death of Prof. Timothy Childs.—We are pained to announce the death of this well known and highly esteemed member of our profession, at Norwich, Conn., on the 3d inst., from the effects of an excessive dose of morphine, administered by himself. Dr. Childs was a native of Pittsfield, in this State, and filled for many years an honorable place as Professor of Anatomy and Surgery in the Berkshire Medical College, and more recently as Professor of Anatomy in New York Medical College. He also served with distinction as assistant-surgeon to a Massachusetts regiment in the Mexican war, and on numerous occasions acted as a volunteer after the great engagements of the recent war. He was endeared to a large circle of friends by his kindness of heart and genial disposition, and his death will be widely mourned. It is thought he was laboring under temporary insanity at the time of his death.—*Ibid.*

Ophthalmological Department.

EDITED BY E. WILLIAMS, M.D.; CINCINNATI.

Periscope.

On the Position and Action of the Ciliary Processes in the Human Eye—A Contribution to the Theory of Accommodation.

BY DR. OTTO BECKER.*

SINCE it has been shown that the lens, during accommodation for near objects, becomes changed in form, so that it is less from side to side, but thicker in the direction of the visual axis, and with its anterior surface more convex, it appears to have been generally admitted that the accommodation really consists in this change of form of the lens; at least, many facts and observations have since been published which agree with this view, whilst, on the other hand, no fresh arguments have been advanced in opposition. It was, indeed, for some time dubious whether this power was restricted to the lens, or whether there were other parts in the eye which could effect some slight degree of accommodation when the lens, for any reason, was absent; for observers of eminence thought they found a certain degree of accommodative power after cataract operations. Donders has settled the question by proving that an eye without a lens possesses no trace of this power, and by showing why such an eye may see with relative clearness at different distances. The latter is principally due to the greater focal interval (Sturm), which is caused by the different curvature of the cornea in its different meridians (astigmatism). It is now accordingly settled that the accommodation absolutely depends on the presence of the lens; yet two important points remain for decision—(1.) Is there only accommodation for near objects (positive accommodation)? or is there any truth in the doctrine of Weber that there is also accommodation for great distances (negative accommodation)? (2.) What are the forces by which the form of the lens is changed (mechanism of accommodation)? The latter question is the one investigated by the author.

It is admitted that principally muscular forces induce the change

* From the Wiener Medizinische Jahrbucher, for the Ophthalmic Hospital Reports, 1863, ii. 159, and 1864, i. 3. In this brief abstract I have attempted to give the more important parts of Dr. Becker's interesting paper. The cases and explanations are detailed at great length in the original.—Thomas Windsor.

in form; and, moreover, that these muscular forces are exerted by the fibres of the ciliary body, yet almost every author has had his own opinion as to how the contraction of these fibres alters the form of the ciliary body, and in what way they act on the other parts of the eye, on the ciliary processes, the zonula Zinnii, and the margin of the lens. Every anatomical possibility has been already adduced in explanation. No more has resulted from these contradictory opinions than that the truth can only be discovered by fresh direct observations on the living and acting eye.

What is, during life, the relation between the ciliary processes and the margin of the lens? Most authors assert that their points project forward and outward, between the lens and iris, into the so-called posterior chamber, but that they are not in contact with the periphery of the lens. Quite recently Jaeger, Arlt, and Stellwag have thus figured the parts; Henke, on the other hand, has energetically defended the opposite view.

Out of seven albinotic persons examined by the author during last year with the ophthalmoscope there were four in whom the iris was so transparent that the parts behind it could be observed. The ages of these four persons were 3 weeks, 6, 14, and 28 years, thus embracing the whole period of extra-uterine development of the eye. He satisfied himself by repeated examinations of the infant that the ends of the ciliary processes neither touch the margin of the lens, as may be seen by a single glance, nor yet extend in any plane further forwards so near the optic axis as the margin of the lens. Delicate grey lines were seen both by reflected and transmitted light to pass from the ciliary processes to the lens; they could be nothing but the optical expression of the folds of the zonula Zinnii. The tips of the ciliary processes were uniform in size, projected with wonderful regularity from behind the scleral margin of the cornea, and appeared to be tolerably on the same plane as the margin of the lens, from which, however, they were distant about one to two mm. Some weeks later atropine was applied. As the pupil dilated, the ciliary processes became longer. When it was dilated to the utmost degree, they projected further toward the optic axis than the edge of the lens, which they apparently touched. Yet it was distinctly seen by looking from one side that there was still a distinct space between the two organs. The cause of this change had evidently to be sought either in greater width of the lens or in increased length of the processes. That the latter was the fact was proved by the distance of the margin of the lens from the junction of the cornea and

sclera, and by the breadth of the dark edge of the lens* remaining the same. The refractive condition of the eye appeared to be unchanged by the atropine.

The lad of 13 was very myopic, amblyopic, and affected with alternating convergent strabismus and severe nystagmus. The ciliary processes were very unequal in length, some scarcely projecting from behind the sclera, others almost reaching the margin of the lens. The lad was taught to observe alternately two wax lights, the one at the distance of $1\frac{1}{2}$ ", the other at 6'. When the nearer light was fixed, the pupil became smaller, the distance between the ciliary processes and the edge of the lens greater, the border on the edge of the lens broader. When the more distant light was fixed, the pupil became wider, the distance between the ciliary processes and the edge of the lens less, the border on the edge of the lens narrower.

In the woman, æt. 28 years, the iris was not quite so transparent, yet it transmitted sufficient light for the edge of the lens to be distinctly seen. No trace of the ciliary processes could be found, even by looking from one side into the eye. She was very myopic, and appeared to be amblyopic. When the pupil had been fully dilated by atropine, slight indications of the ciliary processes appeared from behind the sclera, but again disappeared when the action of the mydriatic diminished.

The Calabar bean was found to have the opposite effect to atropine. The pupil became extremely small, the black lens border became for some minutes broader, and the ciliary processes retracted.

The author recapitulates his observations as follows :

1. At every age the ciliary processes are placed to the outer and anterior side of the edge of the lens.

2. Their size varies according to the size of the pupil. They increase when the latter is dilated, and they become smaller when it is contracted. It is indifferent whether the pupil changes its size for the purpose of accommodation, or from the use of atropine or Calabar bean.

3. As the ciliary processes enlarge during dilatation of the pupil, they press forwards and inwards into the so-called posterior chamber between the periphery of the iris and the anterior surface of the lens, but do not even then touch either the margin or anterior surface of the lens.

*The dark or silvery appearance of the edge of the lens is caused by total reflexion of the light incident upon it from before or behind, according to the method of illumination. If the lens changes its form, this characteristic border will increase or diminish in size.

4. The shining border presented by the lens when it is illuminated from before, and the dark one, when from behind, are the results of total reflexion. The breadth of this border depends on the size of the angle at which the surfaces of the lens meet. As this angle increases when the lens become thicker in the direction of the optic axis, increased breadth of the border is a sign of increased thickness of the lens. Accommodative changes of the lens may thus be directly observed without any special optical apparatus.

The author has also experimented on animals, with a view of testing Henke's opinion that the distance observed after iridectomy between the ciliary processes and the margin of the lens is abnormal, indeed a result of shrinking of the processes owing to the excision of a piece of iris. He found that in dogs the operation exercised no influence whatever over their size or position.

The ciliary processes, which essentially consist of a convolution of vessels, stand, as already shown, in a certain antagonism to the expansion of the iris. If the pupil is small, the blood streams freely into the vessels of the iris; if the pupil is dilated, the vessels of the iris are compressed, and the circulation is impeded. At this time the ciliary processes enlarge. Both the iris and processes receive their blood from the same source, principally from branches of the long ciliary arteries. Now if the vessels passing to the iris are compressed, they must become congested at the point where they enter that membrane, just at the point where the branches diverge to the ciliary processes, and thus the congestion of the one set of branches is transformed into an increased flow of blood into the other. The most important conclusion is, that if (1) the ciliary processes are never in contact with the lens, and (2) if they separate from the lens just at the time when the eye accommodates for near objects, they bear no direct relation to the mechanism of accommodation. All hypotheses that admit pressure on the lens by the ciliary processes, must be abandoned.

In the second part of his paper the author examines (1) the shape of the lens when at rest, and (2) the action of the ciliary muscle. He explains and criticizes at length the views already advanced.*

As one means of aiding the solution of this problem, the author enumerates all the facts which have been demonstrated by experiment or direct observation, for, as he observes, a correct theory of

* Some account of the hypotheses published by different authors may be found in an article on the optical relations of the eye. "*British and Foreign Medico-Chirurgical Review*" for January, 1862.

the mechanism of accommodation must not only not be in contradiction with any one of them, but must explain them all.

1. The curvature of the cornea does not change during accommodation, and therefore the cornea is not at all concerned in the process.

2. The anterior surface of the lens becomes more convex and its vextex moves forward.

3. The posterior surface of the lens also becomes a little more curved, but does not notably change its position. Thus the antero-posterior diameter of the lens becomes longer, its transverse shorter. The latter can be directly observed in albinos, and the former is deduced from the greater breadth of the black border at the margin of the lens.

4. An eye deprived of its lens (aphakia) possesses no accommodation.

5. After the local use of atropine the nearest point recedes, and finally coincides with the most distant point of distinct vision. In hypertropia the latter is found at a greater distance after the use of atropine than before (latent hypermetropia.)

6. After the application of the extract of the Calabar bean, the most distant point approaches the eye; at the same time, in many eyes, the nearest point also approaches; the most distant point never coincides with the (normal or artificial) nearest point. A fractional part of the range of accommodation always remains.

7. The changes in the form of the lens measured with the ophthalmometer, by Helmholtz and Knapp, during accommodation of the eye for near and distant objects, suffice to explain the adaptation of the eye for the limits of the range of accommodation.

8. During accommodation for near objects the pupil contracts, the pupillary margin of the iris moves forward, and its periphery backward.

9. By atropine the pupil is dilated, by the extract of Calabar bean it is contracted—*ad maximum*.

10. When the pupil contracts, either during accommodation, or from the use of Calabar bean, the tips of the ciliary processes recede from the edge of the lens; when the pupil dilates either during change of the optic axis and accommodation, or from atropine, they pass forward toward the optic axis. Yet even in the latter case they do not touch the lens, but lie between the iris and lens, separated from the latter by a distinct space.

11. An eye deprived of its iris does not necessarily lose its accommodation.

12. If the whole of the iris is removed from a previously healthy eye, the ciliary processes do not show during accommodation, or after the use of atropine or Calabar bean, the variations in size mentioned in No. 10.

NOTE.—The last fact is quite new. In the third part which has just been published, of the 9th vol. of the *Archiv fur Ophthalmologie*, p. 115, v. Graefe mentions that in his iridæmic tinman from Spandau, the space between the tips of the ciliary processes and the lens was unaffected by the use of the extract of the Calabar bean. Both this and v. Graefe's previous observation that no change could be perceived in the position and form of the processes during accommodation, may be explained by the absence of the iris.

13. The antero-posterior diameter of the lens is always greater after death than in an eye looking at a distant object.

14. The muscles of the iris can alternately contract; it is not proved that they can do so at the same time.

15. The ciliary muscle of the eye contracts during vision of near objects; it is unknown whether it does so *in toto*.

16. During accommodation for near objects the peripheral parts of the retina are stretched, so that they induce a phosphene when the accommodation is relaxed.

NOTE.—The medical public has hitherto paid little attention to the accommodative phosphene of Czermak. The author, after having studied it for years, states that when the closed eyes are accommodated for a near object, phosphenes appear at certain spots in the periphery of the binocular dark field, even during the transition from the far-seeing to the near-seeing condition of the eyes. If then the accommodation is suddenly relaxed, there occurs, as described by Czermak, an accommodative phosphene, which is placed somewhat to the outer side of those already mentioned. The latter are less in size, and arranged in a ring-like manner; the author believes that they are caused by the pressure of the external muscles on the sclera, and thus on the retina. He is convinced of the correctness of Czermak's explanation, and therefore does not hesitate to consider it a fact that the choroid and retina are stretched by the contracting ciliary muscle during accommodation for near objects.

The manner in which the ciliary muscle acts is yet undecided,—whether the whole of the fibres contract simultaneously or alternately, the circular in accommodation for near objects, and the radial

in relaxation of the accommodation, and as to what are the fixed and what the movable points of the muscle. Such questions can not be decided by direct examination, for on the one hand the fibres are arranged in a very complicated manner, and their innervation has not been traced anatomically; on the other, owing to its situation, changes in form and position can not be directly observed. This question can thus only be determined indirectly. That there is some analogy between the muscles of the iris and the arrangement of the fibres of the ciliary muscle is indisputable. In accommodation for near objects the pupil is narrowed by contraction of the sphincter pupillæ. Now, since in accommodation for near objects the circular fibres of the ciliary muscle also contract, both these and the sphincter iridis contract at the same time. In perfect paralysis of the oculomotorius there is not only mydriasis, but also paresis of the accommodation. Hence we may conclude that the circular fibres of the ciliary muscles receive their innervation from the oculomotorius. It would be expected that it might be decided experimentally by atropine, whether there is a similar agreement between the radial fibres of the iris and of the ciliary muscle. In complete paralysis of the oculomotorius the pupil is not dilated to its utmost degree; it becomes still larger after the use of atropine. This fact has been adduced as a proof that a part of the action of the atropine is to be referred to irritation of the radial fibres of the iris (dilatator pupillæ), which are supplied with branches from the sympathetic. Were there now a complete analogy between the muscles of the iris and those of the ciliary body, atropine would, even in complete paralysis of the fibres (circular?) innervated by the oculomotorius, stimulate those (radial?) innervated by the sympathetic, and thus cause greater flatness of the lens and recession of the most distant point of distinct vision beyond its normal position. So far as the author knows, this has not been described, possibly because it has not been experimentally tested, possibly because negative results have not been published.

After describing the effects of Calabar bean, the author comes to the decision, that however seductive may be the supposition of a complete analogy between the anatomical arrangement and the manner of action of the circular and radial fibres in the ciliary muscle on the one hand and the sphincter and dilatator pupillæ on the other, the facts, so far known, do not allow its admission. The present view must be (1), that atropine paralyses the sphincter of the iris and the whole ciliary muscle, and at the same time stimulates

the dilatator pupillæ ; (2), that the Calabar bean paralyses the dilatator of the iris, and at the same time stimulates the sphincter pupillæ and the whole ciliary muscle.

The final conclusion is, that Helmholtz's theory of the process of accommodation agrees best with the facts. Recent observations on the healthy and diseased eye modify his representation in a few, but support it in many points. If we exclude the part which Helmholtz yet assigns to the pressure of the iris on the lens ; if we remember that there are facts in favor of the view that the lens is at rest in accommodation for the nearest point, but that there are none in favor of the opposite ; if we insist that up to the present time a division of the ciliary muscle into two parts has not been proved, whilst it is certain that by its contraction in positive accommodation the periphery of the iris is drawn backwards, and the choroid and retina forwards ; if we take into consideration the points demonstrated by the author in respect to the ciliary processes ; if we avoid hypothesis as much as possible ; we may represent the process of accommodation in the following manner :

The eye is at rest when adapted for its most distant point of distinct vision, *i. e.*, no internal muscle of the eye is contracted. The ciliary muscle is at perfect rest, and the muscles of the iris are in a state of equilibrium, which depends on the (varying) tonic excitement of both muscles.

In accommodating the eye for a nearer point, the whole ciliary muscle and the sphincter pupillæ contract at the same time (possibly also the dilatator pupillæ) ; inversely, in accommodating the eye for a more distant point, the ciliary muscle relaxes or becomes entirely flaccid, the dilatator pupillæ contracts, and the sphincter relaxes (or the latter alone becomes flaccid, and yields to the already contracted dilatator.)

Contraction of the ciliary muscle draws its anterior and outer end and the periphery of the iris with which it is connected backwards and inwards, its posterior and outer end and the adjacent parts of the choroid and retina forwards ; the inner angle of the muscle (for its section is triangular) passes inwards, *i. e.*, it comes nearer to the optic axis. At the same time that the periphery of the iris is drawn inwards and backwards, its pupillary portion passes forwards, and the ciliary processes, diminishing in length and thickness, recede towards the ciliary body. In company with these changes in the ciliary body and iris, others occur in the lens ; its anterior surface becomes more curved and approaches the cornea, whilst its posterior

surface scarcely changes in position or form, thus rendering its axis (the diameter in the direction of the visual line) longer, its diameter in the equatorial plane shorter.

There are reasons for believing that this change of the lens is effected through relaxation of the zonula Zinnii by means of the contracting ciliary muscle, for its posterior angle passes forwards and its inner angle inwards. The lens, which had been previously flattened by the traction outwards which is exerted by the tense zonula on its periphery, now tends to a state of rest in proportion to the relaxation of the zonula.

When the contraction of the ciliary muscle ceases, its inner angle passes outwards, its posterior backwards, the zonula again becomes tense, its traction on the lens increases, the lens becomes flatter, the periphery of the iris passes forwards, its pupillary portion and the anterior surface of the lens move backwards, the ciliary processes enlarge and press forwards and inwards between the lens and iris into the posterior chamber.

The motions of the ciliary muscle and iris are associated and occur in co-operation, yet the iris has no direct influence over the alterations in the form of the lens; they occur when the iris is absent. On the contrary, the movements of the ciliary processes depend on the action of the iris and the contractions of the ciliary muscle; the processes do not change their form or position when the iris is absent.

On the Calabar Bean.

BY BENNO RUETE.

From the *Klinische Monatsblätter*, July, 1865.

The son of our esteemed colleague, Prof. Ruete, in his inaugural thesis on the *Calabar Bean*, has given the Profession a very welcome little work. There are found in it numerous experiments by the author himself, which have already been published in part. The chief merit, however, of the writer, so far as it can interest Ophthalmologists, is that of having given a complete, but at the same time, a short and clear synopsis of all the facts and results of observations bearing on the subject.

The author begins with a historical *resume*. There follows a physiological section with twenty-six personal experiments, from which it appears that the calabar acts by paralyzing the sympathetic, and

very probably at the same time, by exciting the oculo-motorius. After the short chapter under the head of *chemical*, comes finally the *therapeutical* portion, in which the influence of the bean is tested on six pathological cases. As indications for the therapeutical application, the following are advanced :

1. Pareses and insufficiencies of the muscle of accommodation.
2. Mydriasis in consequence of acute diseases, e. g. after diphtheritis, typhus, etc.
3. In such diseases of the eyes as make a diminution of the light admitted, desirable ; as retinitis, choroiditis, etc.
4. In transparent opacities of the cornea, which disturb vision by diffusion of the light.
5. In laterally situated opaque spots on the cornea, when they need to be covered to prevent diffusion.
6. To augment the surface of the iris as an aid to iridectomy.
7. To overcome the influence of atropine which has been used to favor ophthalmoscopic examinations.
8. In recent marginal perforations of the cornea with prolapsus iridis, in order to reduce the latter by drawing it back, out of the wound.

Subcutaneous Injections.

In the same number of the *Monatsblatter* from which the above extract is taken, is a very short notice of a paper by Dr. Spath of Stuttgart on the subcutaneous injection of strychnine in amaurosis. To the cases already published by Fremineau and Saeman, Dr. Spath adds still another. "In a girl, 22 years old, with an amblyopia— $\frac{1}{2}$ (imperfect functional paralysis of the retina), of several months standing, the ophthalmoscopic examination was negative, as well as the investigation in regard to disturbances of motion and accommodation of the eye. The usual derivatives—such as abstractions of blood with the artificial leech of Heurteloup, laxatives, foot-baths, were without effect. After nine hypodermic injections of strychnine the patient was discharged perfectly cured."

As I have not access to the original paper of Dr. Spath, I can not give the doses he used, nor the frequency of the injections. From my experience in the hypodermic injection of morphine, I should infer that strychnine would have to be used with very great caution. In certain rare cases, where partial amaurosis exists, without any discoverable lesion of the retina or optic nerve ; and without symptoms of organic disease of the brain ; electricity and strychnine are indi-

cated, and the *subcutaneous* use of the latter may be preferable to its *internal* administration, from which I myself have never seen any advantage. It is questionable whether the effects attributed to the medicine in the above case, were not due to the previous treatment, or to the generally ignored *vis medicatrix naturæ*. More extended observations must test the value of the treatment.

For the past year or more, I have been in the habit of using morphine hypodermically very frequently, after the example of Graefe and others who have recently written on that subject. As a means of affording *immediate* and *thorough* relief from pain, by whatever cause produced, it is invaluable. In adults I use from an eighth to half a grain dissolved in half a drachm of water and injected under the skin of the temple. Only in cases of extreme and obstinate suffering, is so large a dose as half a grain necessary. The relief afforded is perceptible in less than five minutes. One inconvenience from this way of using the remedy is fainting; which has happened to me several times, in a few seconds after performing the injection. In one patient who had not slept for a week from the horrible pain attendant on an abscess in the ear, the syncope and subsequent prostration were so alarming as to require the free administration of whisky. From the fact that I drew it into the syringe from a solution on my table, and injected rather more than I intended, he may have got *two-thirds* of a grain. After reaction, no vomiting or other serious inconvenience ensued. In other patients I have had vomiting to come on almost immediately and last for hours. Nearly all persons feel a certain degree of intoxication and are apt to stagger in walking, for some half hour or more after the injection. The first subject I ever tried it on was, very properly, *myself*. I was suffering with great pain in the knee, and in a fit of desperation, I injected an *indefinite* quantity of a solution of four grains each of sulph. morphia and sulph. atropia to the ounce of water, under the loose skin of the patella. Before I had laid the syringe down, I felt it in my throat, and for twelve hours, my mouth and tongue were as dry as *sand paper*! *Horribile dictu*! and still more horrible to be experienced, is that perfectly awful feeling of dryness and aching in the throat, from an over dose of belladonna! I thought of the rich man and Lazarus as I never had done before. With me, there was no lack of *water*, but then it would not *wet*.

While atropine, strychnine and other such agents, may be used by hypodermic injections, but with very great caution; morphine, with any reasonable care, may be applied in that way with the most

happy results, and with no risk. In all cases where a quick and powerful anodyne influence is desirable, that is the way to secure it; and every practitioner ought to be supplied with a good hypodermic syringe. The one I use is a small gutta percha syringe, holding about a drachm of fluid.

Editorial Abstracts and Selections.

SURGICAL.

1. *Harelip—New Operation.*—Dr. Hammer presented to the notice of the St. Louis Medical Society a new method of operating in a case of harelip which had been followed by the best results. Cases of simple harelip are successfully treated by the ordinary method. The principal cause of failure in the treatment of double harelip, especially those accompanied by a double fissure, is due to muscular action, especially to the action of the levator superioris proprius, which exercises a continual strain upon the line of union. To debilitate or paralyze this muscle, will add much to the success of the operation. Several methods have been recommended, but they have not borne out the hopes expected from them. The plan which he would detail, and from which he expected the best results, was intended to act upon the muscles, paralyzing them, and thus relieve the point of union from tension, and place the parts in the best condition for an accurate and firm union. It consisted in a suture additional to those ordinarily employed, and was prepared and used as follows: a large-sized, double ligature is passed entirely through the lip of one side, at a point above the angle of the mouth, and midway between the mouth and nose; the ligature is carried under the lip to a corresponding point on the other side of the face, where its exit is made; two small pieces of wood—portions of lead pencil would answer, covered by adhesive plaster—are placed at right angles with the line of the mouth, one on each side, and the ends of the ligature tied over each, forming a species of quilled suture. By this means, not only the action of the muscles may be controlled, but the whole mass of flesh can be drawn toward the central opening, thus lessening the space and relieving the central sutures of that undue tension which is sometimes so great as to cause a separation of the united flaps and a failure of the operation. He lately used the new method, and was glad to announce a complete success—the ligature having fulfilled even more than he had expected from it. The case upon which he had operated was a very peculiar one, the most deformed he had ever witnessed; the fissure being double, and the intercalarian bone not perpendicular but inclined, and the alveolar process projecting. The middle piece of bone, covered by a small portion of skin, was

removed three months ago ; the skin retained, its edge pared, and attached by suture to one side.

This healed well, and converted the external tissues from a double to a single fissure. Some days ago, the remaining portion of the operation was performed ; the lips were first separated from the tissues beneath, the semi-circular cuts made, and five, thin, soft iron sutures introduced in the usual manner ; the large quilled suture was then used, made of a narrow silk ribbon, doubled, and passed through the lip as described, the quills being attached to either end. Its application was attended with very satisfactory results ; the parts could be more easily drawn together, and the central iron sutures more accurately adjusted ; the margin of the flaps forming one vertical line ; the lips could not move outward owing to the pressure of the quills ; tension, and consequently irritation, was removed from the point of expected union, and the parts being more closely united, union by the first intention more rapidly takes place. He had originally thought of using a wire suture for the quills, but apprehending that it might cut through the lip in a transverse direction, he had substituted the silk ribbon, so as to relieve the part, in a measure, from the sharp pressure of the wire. He had at first intended to permit the quilled suture to remain *in situ* but three or four days, expecting that pressure exercised during this time would sufficiently paralyze the muscle so as to prevent their action for two or three days longer, but finding so little irritation produced by it, he did not remove it until the sixth day. After its removal, he found on the right side a minute fissure, three or four lines in length, which will heal and leave no mark, and on the left no noticeable cut was discovered. On the eighth day, the central wire sutures were removed, the union of the lip being perfect. This case was a very unfavorable one for any operation, yet he could truly say the operation was a perfect success. His presumption as to the cause of failure in other cases was fully corroborated by the favorable termination in this case. All obstacles to quick union by the first intention are overcome, and although this is the first case operated on by the quilled suture, he believed, from the progress and result, as reported, that all cases of harelip, however great may be the deformity, can be treated successfully by the addition of this suture.

A week after the above report was made, the child was exhibited for the inspection of the Society. The result was a fine one, the union being firm and complete ; the fissures in the bone had decreased already in width ; and Dr. Hammer expressed the opinion that, by the time the child reached mature age, the deformity would not be greater than would have resulted had it been a case of simple harelip.
—*The St. Louis Med. and Surg. Journ.*

2. *Infantile Syphilis* — The period of incubation of infantile syphilis was much disputed in the recent discussion of the propagation of the disease through vaccination ; and the question becomes still more complicated by some figures communicated by Dr. Simas, Physician to the Misericordia Hospital, Lisbon, to the Medical Society of that city. He has had under his own personal observa-

tion 216 cases of hereditary syphilis during 1858-65, and among these the symptoms were observed in the first year in 27 cases; in the second year, in 49; in the third, in 56; in the fourth, in 30; in the fifth, in 14; in the sixth, in 16; in the seventh, in 7; in the eighth, in 2; in the ninth, in 7; in the eleventh, in 4; in the thirteenth and fourteenth, one each; and in the eighteenth, in 2. This is a very different statement to that of M. Depaul, who fixes the limit of the appearance of syphilis to seven weeks, or of M. M. Didlay and Roger, who fix it at three months.—*Med. Times and Gaz.*

3. *New Remedies in the Radical Cure of Epilepsy and St. Vitus' Dance.*—A German apothecary residing for many years in the Russian District of the Amoor has sent parcels of two Chinese vegetable remedies to a number of prominent physicians in several of the German States for the purpose of testing the efficacy of these remedies.

The first one, bearing the name of Ying-kuei-tsun, is taken three times a day, a teaspoonful for a dose. From all those physicians, without exception, the most satisfactory results have been reported. The remedy, during the first days of its use, produces a crisis, consisting partially of a severe epileptic attack, partially of a heaviness of the head; but sometimes nothing remarkable at all could be observed.

With the disappearance of the crisis the epilepsy is gone, but it has been advised to continue the use of the remedy until one pound has been consumed.

The origin of the Ying-kuei-tsun is unknown; some botanists consider it as derived from an *Artemisia* or an *Achillea*; but it has not been proved.

The second remedy, named "Schen-fu," is of a very delicate nature, and must be preserved in well stoppered glass vials.

It is prepared from the root of a Scitaminee which grows very sparingly on the rivulets of the Mandshurea and Korea. The root of this plant is bulbous-like fibres, of an aromatic smell, leaves behind after its use a mild burning in the mouth and throat, and operates like a diaphoretic.

The first small samples of this preparation were sent to Germany ten years ago, but the German apothecary has cultivated, since 1856, the plant on his own land and under the same conditions as it grows wild on the rivulets of the Mandshurea, and last year, for the first time, he was enabled to supply it in considerable quantity.

Numerous careful trials have proved that the Shen-fu is a very valuable remedy for the cure of St. Vitus' Dance and for those cases of epilepsy, the attack of which occur at regular intervals. According to the reports of reliable parties a dose of 3 to 4 grains has produced the best results; and it is asserted, that the Shen-fu has cured at least 40 per cent. of the patients to whom it was given, and proved to be particularly useful in recent cases caused by cold.—*Amer. Druggist's Circular and Chem. Gaz.*

4. *New Specific Remedies for Gonorrhœa.*—Dr. Thomas B. Hen-

derson introduces (*Med. Times and Gaz.*, June 3, 1865) to the profession two new specific remedies for gonorrhœa. The first is the oil of yellow sandal wood, which is obtained by distillation from the wood of *Sirium myrtiflorum*, an East Indian tree.

Dr. H. says: "In my experiments with this drug, I have found it perfectly innocuous even in large doses. From twenty to forty minims three times a day diluted with three parts of rectified spirit, and flavored with ol. cassia or ol. cinnamon, is the ordinary formula I employ; water and a confection after. In cases of the disease at the first, second, or third stage, in susceptible persons, I have often seen the most marked suppression of the discharge within forty-eight hours. It has the great advantage of being a pleasant medicine, not liable to cause sickness, agreeable to the taste, and grateful to the stomach. It is a medicine, as to efficacy, in my opinion, equal, and frequently superior, to bals. copaib. or cubeb pepper. I have often succeeded with it when both had been fairly tried and failed. Besides, it is convenient and portable; and if the patient is delicate, or in bad health, or the system disordered, the possession of a remedy which will act as a stomachic medicine and cure the disease is, I think, to be highly valued. I have used it in many cases during the past five years. I have no theory to offer as to its mode of acting. My experiments have been numerous, but entirely of a practical character. The odor of the drug is slightly perceptible in the urine. Its action on the urethra is observed, in susceptible cases, within a few days after beginning its use. Almost every druggist keeps it for perfumery purposes."

The other remedy is the gurjun or gurjun balsam, or wood oil, the product of the *Dipterocarpus torbinatus*, an immense tree, a native of India. Dr. H. states that he has only used this "in cases where copaiba had been fully tried and failed. In every case it was successful within a week. No symptoms of inconvenience in any of the cases were produced. I gave it in what may be called large doses—a teaspoonful two or three times a day, uncombined. I have not been able to investigate its action further, as my supply became exhausted, and it is not easily procured in this country. I am thoroughly convinced it is an excellent medicine."

Dr. O'Shaughnessy employed it according to Dr. Waring (*Manual of Practical Therapeutics*) in numerous cases of gonorrhœa and gleet; and the results seem perfectly conclusive that in the treatment of these and other affections of the genito-urinary system the essential oil of gurjun is nearly equal in efficacy to copaiba. It generally causes a sensation of warmth in the epigastrium, eructations, and sometimes slight purging. It greatly increases the quantity of the urine, which has a terebinthinate odor. Dr. O' found that some obstinate cases of gonorrhœa and gleet, which had long resisted copaiba and cubebs, were cured by this remedy. E. J. Waring writes: "In the few cases I have had an opportunity of trying it, the results have been uniformly satisfactory. It might be advantageously introduced into English practice as a cheap and efficient

substitute for copaiba. The dose is ten to fifteen drops thrice daily." —*Am. Journ. of Med. Sciences.*

5. *Treatment of Strangulated Hernia.*—Protracted warm baths are one of the most valuable resources in our possession for the treatment of recently strangulated hernia, especially in inguinal ruptures; but full baths can not readily be procured in many rural districts. To remedy this deficiency, Mr. Bellingham Peebles proposes as a substitute for the usual bath a common wash-tub.

This inexpensive receptacle is moreover possessed of peculiar advantages with regard to reduction. They are adverted to as follows in the *Dublin Medical Press*:

The tub should, if the weather is cold, be placed near a fire, and the patient must sit in it with his legs bent and his knees close to his chin. In this attitude the muscles are placed in a state of extreme relaxation, and as the heat of the water and the action of the steam rapidly weaken the subject, a condition approaching to syncope may be thus induced in about half an hour. Spontaneous reduction may then take place, or very slight methodical pressure will succeed in restoring the intestine to the abdominal cavity. Much the same result is attained, especially in strangulated inguinal hernia, as with chloroform, tartar emetic, venesection, and tobacco-enemas. Mr. Bellingham Peebles further remarks that in many instances the forcible flexion of the thigh exercises on the tumor a degree of pressure which promotes reduction. The plan here advocated is most simple, and is free from any of the disadvantages of forcible taxis; it combines various circumstances calculated to relieve the strangulation, and will, without doubt, prove, in many instances, extremely useful. —*Journal of Practical Medicine and Surgery.*

PRACTICAL MEDICINE.

6. *Curative Treatment of Phthisis.*—At a recent session of the French Academy of Sciences, M. Fuster read a communication on the curative treatment of phthisis. He announced that he had been trying, since the 11th of April last, in the clinical wards under his charge at Montpellier, in the treatment of pulmonary consumption and other affections characterized by a general consumptive condition, a method of treatment which had given him so much encouragement that he felt obliged to make it known.

His treatment consisted in the use of raw mutton or beef, together with alcohol largely diluted and in small doses. The meat, reduced to a pulp by pounding it, and passing it through a sieve to remove all the tendinous portions, is given in balls rolled in sugar, or as a sugared pulp in teaspoonful doses, in the quantity of one hundred to three hundred grammes daily. A drink made by mixing a hundred grammes with five times as much cold water sweetened, answer as a beverage for these patients. The alcoholic draught, composed of one hundred grammes of alcohol of 20 degrees Baume, diluted with three hundred grammes of some sweetened vehicle, is given in teaspoonful doses from hour to hour; the proportion of alcohol and the interval

between the doses should be varied, according to the susceptibility of the patient.

"The combination of these two agents is necessary to success in this method of treatment. The first appears to me to have a reconstructive agency, and the second a more direct action upon the blood-producing organs.

"There is nothing new in this method of medication, unless it be the combination of the two remedies mentioned and their application to consumptive patients."

The author declared that by this mode of treatment many patients affected with pulmonary consumption of a very grave character, and with purulent infection, had been perfectly cured.—*Translated from the Archives Generales de Medecine* for July, 1865. *Boston Med. Journ.*

7. *On the Antagonism of Atropin and Morphia, founded upon Observations and Experiments made at the U. S. A. Hospital for Injuries and Diseases of the Nervous System*; by S. WEIR MITCHELL, M.D., WM. W. KEEN, M.D., and GEO. R. MOREHOUSE, M.D.—During our connection with the U. S. A. Hospital for Injuries and Diseases of the Nervous System, we have been obliged to resort to every possible expedient for soothing the pain of those terrible cases of neuralgia, which in some shape are apt to follow as a consequence of neural injuries. Among these means incessant use has been made of hypodermic injections, which alone in many instances seemed able to overcome the anguish of certain forms of neuralgic distress. To what extent we have employed this mode of relief may be gathered from the fact that, at certain periods of our service, the resident surgeons made every day from twenty to thirty subcutaneous injections. In one case half a grain to a grain of morphia was injected thrice a day, and the man finally recovered after having used nearly four hundred injections.

We were naturally led to examine with care into the pretensions of the several agents which have credit for their power to lessen or destroy the sense of pain. The results of this inquiry were of the more value, because they were confined to the use of these agents by injections only, and because they were studied by more than a single observer. Our investigation brought us finally to consider the therapeutic relations of atropia and morphia, to which subject the greater bulk of this paper will be devoted.

The information which our note-books give in regard to the comparative value of remedies used to allay pain, is the result of an almost unexampled experience, and we shall not hesitate briefly to relate it before passing on to our main topic.

After repeated trials of conia, atropia and daturia, with the intention of relieving pain by their subdermal use, we ceased to resort to them. On the other hand, the employment of morphia, or of some preparation of opium for subcutaneous use, became a part of the every-day routine of practice.

Like others, we have met with certain inconveniences attendant upon this mode of employing morphia. In rare cases it always

caused distressing sick stomach, but as the pain for which we used it was oftentimes agonizing, the patient usually preferred to endure the sick stomach rather than fail of the delightful relief he obtained from the injection. In these instances it was commonly observed that the morphia ceased after a time to produce either nausea or emesis.

The local annoyances resulting from injections so long continued and so numerous, were sometimes very embarrassing, for though in some men they could be used in the same limb week after week, in others the numerous punctures produced a very unpleasant increase of sensitiveness in the part. Such an instance may be found on page 151, Case 31, of our treatise on wounds and other injuries of nerves. In other persons the injections gave rise to occasional abscesses, and in a soldier who was at one and the same time the subject of a very painful wound of the arm, and of a cold abscess on the back, every injection gave rise to a large indolent abscess. One instance of erysipelas following the use of an injection was seen by us (*Op. cit.*, p. 150.)

As the opinion of many good observers is quite decided as to the fact that the injection gives the same relief, whether made near to or remote from the seat of pain, we may with reason be asked, why we used so many injections in the same limb or neighborhood. The answer lies in the fact that our patients very early, and we ourselves later and more reluctantly, reached the conclusion that the point at which the injection was to be employed was not a matter of indifference. In the milder instances of neuralgia a subdermal injection of morphia used anywhere in the body did give relief, but in cases of "burning neuralgia," such as we have described in our book on nerve wounds, p. 100, *et seq.*, the nearer we could bring the agent to the place where the pain was felt, the greater was the ease obtained. We are the more anxious to insist upon this matter, because we neglected to make the same comment when detailing our mode of treating these lesions in the volume above mentioned. The belief thus reached is certainly not altogether unphysiological, as we very well know that morphia is capable of causing a local paralysis of sensory nerves, with which it may come in contact. * * * *

If we be correct in the views expressed in the foregoing pages, certain practical lessons of some value may be learned from them.

If atropin lessens or destroys the unpleasant influence of morphia on the cerebrum, but does not alter its power to allay pain, there seems no reason why we should not use them together so as to obtain all that is best from the morphia with the least amount of after discomfort.

We have certainly had good results from such a use of both drugs, in the form of suppositories, in cases of disease of the bladder or generative organs.

Again, it is sometimes desirable to use either drug in very full doses. This we may do quite fearlessly when assured of our ability to restrain its action by a full exhibition of its opponent.

The foregoing experiments and observations authorize us, we think, to draw the following conclusions as to the use of hypodermic injections, and as to the antagonism of atropia and morphia:—

1. Conia, atropia and daturia have no power to lessen pain when used subdermally.

2. Morphia thus used is of the utmost value to relieve pain, and is most potent, in certain forms of neuralgia, the nearer it is applied to the seat of the suffering.

3. Morphia lowers the pulse slightly or not at all: atropia usually lowers the pulse a few beats within ten minutes, and then raises it twenty or fifty beats within an hour. The pulse finally falls about the tenth hour below the normal number, and regains its healthy rate within twenty-four hours.

4. Morphia has no power to prevent atropia from thus influencing the pulse, so that, as regards the circulation, they do not counteract one another.

5. During the change of the pulse under atropia, the number of respirations is hardly altered at all.

6. As regards the eye, the two agents in question are mutually antagonistic, but atropia continues to act for a much longer time than morphia.

7. The cerebral symptoms caused by either drug are, to a great extent, capable of being overcome by the other, but owing to the different rates at which they move to affect the system, it is not easy to obtain a perfect balance of effects, and this is made the more difficult from the fact already mentioned, that atropia has the greater duration of toxic activity.

8. The dry mouth of atropia is not made less by the coincident or precedent use of morphia. Atropia does not constipate, and may even relax the bowels; morphia has a reverse tendency.

9. The nausea of morphia is not antagonized or prevented by atropia.

10. Both agents cause dysuria in certain cases, nor is the dysuria occasioned by the one agent relieved by the other.

11. Atropia has no ability to alter or lessen the energy with which morphia acts to diminish sensibility or relieve the pain of neuralgic disease.

12. As regards toxic effects upon the cerebral organs, the two agents are mutually antidotal, but this antagonism does not prevail throughout the whole range of their influence, so that, in some respects, they do not counteract one another, while as concerns one organ the bladder, both seem to affect it in a similar way.—*Amer. Journ. of the Med. Sciences, and Boston Med. and Surg. Journ.*

8. *Antagonistic Effects of Calabar Bean and Atropia.*—Dr. Kleinwächter states (Berliner Klinische Wochenschrift, 1864) that in the ophthalmic department of the hospital at Prague, last August, four boys, engaged in cleaning the room, drank a portion of a solution of atropia, thinking that it contained spirits. Two of the boys either spat out or vomited the fluid, and exhibited no symptoms of poison-

ing; but the two others, who did not vomit, were distinctly poisoned—one, however, much more so than the other. The symptoms were those of poisoning by belladonna, and consisted of delirium, dilatation of the pupils, feeble pulse, and in one there was coma, alternating with furious delirium. Both the patients were taken to bed, one of them being restrained in a strait-jacket, and cold lotions were placed on their heads. Dr. Kleinwachter happened accidentally to have with him a solution of the Calabar bean extract in glycerine, and, by way of experiment, he gave to the patient who was most affected, ten drops of the solution (six grains of extract to one drachm of glycerine), which in about a quarter of an hour produced violent vomiting. The pulse became stronger and quicker, rose to 75 and then to 80 in the minute, the temperature of the body fell, the delirium abated, the patient became more quiet, consciousness returned, urine was passed with some pain in the urethra, and the pupils became somewhat contracted. In the case of the other patient, who was less affected, some of the extract of Calabar bean was dropped into the eye, but without any good effect; for on the next day the symptoms were almost unchanged, while the patient who had taken the solution of the Calabar bean internally had almost completely recovered. The rapid and striking improvement in one of these cases appears manifestly to be attributable to the administration of the Calabar bean extract, for the patient who was not treated in the same manner showed no improvement for forty-eight hours.—*Brit. and For. Med. Chir. Rev.*

OBSTETRICAL.

9. *Case of Spontaneous Inversion of the Uterus*; by JAMES ADAMS, M.D.—On the 20th day of March last, I attended in her first confinement Mrs. M., aged 27, well formed, and of fair average health. After eight hours' labor of ordinary severity, she gave birth to a male child. The funis was tied, the child separated, and the uterine tumor felt hard and contracted above the pubes. After an interval of four minutes, during which no uterine action was noticed, and while I was standing away from the bedside overlooking the proceedings of the nurse, my patient exclaimed that there was a pain—"a severe pain," "was she to bear down?" I noticed instantly that her aspect was very ghastly and panic-stricken, and on hastening to make an examination I found the placenta at the external parts—in motion, and in the act of being extruded. My other hand placed on the abdomen failed to find the usual uterine ball, and the abdominal parietes were considerably drawn toward the spine. Very rapidly there was protruded the large globular mass of the uterus and attached placenta. A few seconds' ineffectual efforts were made to return the whole protrusion, and I then proceeded to peel off the placenta—an operation which I found of easy accomplishment and attended with very little hæmorrhage. Then, with the points of the five fingers gathered together in a conical form, I made steady, continuous pressure against the fundus of the uterus. The entire tumor

receded slowly until it was inclosed within the vagina, then a dimpling or depression in the fundus commenced to form, and enlarge, until suddenly and with a "flop," eversion took place, and my hand passed into the uterine cavity. I retained my hand in the uterus, bringing the knuckles occasionally to bear on the uterine walls to excite contraction, which after an interval of six or seven minutes took place, and my hand was expelled. The os uteri remained very open and patulous for some minutes thereafter, and only very gradually the entire uterus contracted firmly and completely. The lady made a good recovery, although till a very recent date there continued an uncomfortable sense of bearing down, requiring rest in the recumbent posture to give relief.

Such a case as the foregoing is worthy of being recorded chiefly on account of the rarity of the accident. I had not previously met with a case. That its occurrence is extremely rare is evidenced by the fact that at the June meeting of the Glasgow Medico-Chirurgical Society the united experience of fully forty medical gentlemen present only furnished a list of seven cases occurring in the practice of five individuals.

In several popular works on midwifery there is still a strong leaning to the expression of an opinion that such cases occur *generally* in connection with improper traction made upon the cord; the more advanced obstetricians teach a different doctrine. The very serious and occasionally fatal consequences that result from the accident, make it a matter of first importance that there should be a sufficient counterpoise in recorded experience to protect the interests and reputation of a medical man in whose hands an unfortunate result should occur. When it is borne in mind that of the seven cases referred to at the Medico-Chirurgical Society meeting, four occurred in the practice of three experienced teachers of obstetric medicine, and the remaining three cases, including my own, in the practice of two individuals against whom it is very improbable that any rash unskilfulness will be alleged, it will be difficult to maintain the opinion that inversion of the uterus occurring soon after delivery is *generally*, or even *frequently*, the result of improper management.—*Glasgow Medical Journal*.

BELLEVUE HOSPITAL MEDICAL COLLEGE---CITY OF NEW YORK.

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THE
CINCINNATI LANCET AND OBSERVER.

CONDUCTED BY

E. B. STEVENS, M.D., AND J. A. MURPHY, M.D.

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ARTICLE I.

Some Observations on Blood Diseases.

BY EDWARD B. STEVENS, M.D.,

Professor of Materia Medica and Therapeutics in the Miami Medical College of Cincinnati.*

It is not the purpose of the present paper to present a systematic essay on those diseases which are supposed to be associated with a poisoned condition of the blood; but rather such reflections on the whole subject as may serve to present with fairness some of the most prominent points of doctrine now entertained. To go beyond this would require a maturity of investigation that few of us dare aspire to. Indeed, the more carefully we pursue our researches upon these points, the less inclined we are to express our opinions dogmatically.

Two extreme schools in medical opinion have always prevailed as to the general pathology of morbid impressions; and two extremes of therapeutics, to a certain extent, correspond with our pathology; and thus, as we lean in our educational prejudices, to *humoralism* or *solidism*, we are very apt to become wedded to ideas of one or the other direction of thought, provoking a disposition to make light of all views not set to our peculiar theory, and rendering us forgetful of that which now seems the most satisfactory view, that there are varied means of receiving morbid impressions, and that there are varied directions toward which we should apply our therapeutical agencies.

* A Paper read before the Ohio State Medical Society, June, 1865.

In the present state of our physiology, we suppose the constitution of the blood, its office, and the supply of its elements are pretty generally agreed upon. Through the medium of that fluid, nutriment for the general supply of the system and for the constant repair of each individual tissue is steadily afforded. The blood not only is the machine which matures and prepares these elementary materials, it also is its own disbursing agent whose unerring instinct bestows upon each needy individual exactly its requisite material.

Now in health there is a tendency to a certain constant standard, of uniform constituency in the composition of the blood, and yet various circumstances may modify the relative proportion of its elements to a certain extent, without producing any manifest effect on the state of the organism which can really be regarded as pathological. Diet, exercise, hunger, exposure, and a variety of constantly changing circumstances, may give a large amount of red corpuscles, or an increase of fibrin, or an excess of water, etc., etc., and yet the health of the individual not undergo any speedy marked detriment. There would seem to be certain, not very clearly understood compensating elements of control in the system, which for a time enables it to resist these constantly occurring vibrations from what might be supposed to be a healthy standard.

On the other hand, we are remarkably impressed with the fact of how slight a change in the normal arrangement and proportion of the elements of the blood may initiate the most serious morbid processes, and secure the most fatal results.

Furthermore, it is to be borne in mind that not all deviations from a normal standard of the blood, associated with morbid conditions of the system in any of its organism, are by any means to be regarded as *true blood diseases*. That the blood is lacking in its proper elements, or there is a disproportion in their arrangement, or there is a foreign element present, does not necessarily imply that the diseased condition of the system is the result. The state of the blood may happen as a regular link in the chain of morbid processes otherwise progressing; and here is apt to be one fault that from one instance or group of facts, we are so prone to generalize. The remark, however,

suggests to us to look at the blood as a diseased structure from several aspects ; and we shall do this all the more satisfactorily to ourselves if we fortunately happen to have no established theories to control *us*, or be themselves unsettled.

(*Food.*) In our reflections upon this subject, we are by no means to forget the relation of food to the blood condition ; for while it is true that very many apparently and actually diverse elements of diet seem to afford a sufficiently uniform state of the blood, yet the instinctive capacities of appropriation and assimilation will not meet every embarrassment. The bee hovers over the sweetest clover fields and the most filthy cesspool, and her honey sac is yet abundant in its pure secretion. So too the digestive apparatus of man elects from a wonderful variety of substances the elements which finally become converted into the uniform blood structure. Nevertheless, we observe after all that certain laws do hold, and will not suffer to be lightly regarded or trifled with.

Thus, for example we find that there is a necessity for regular supplies of fluid. If a man be entirely deprived of water for eight or ten hours, there follows exhaustion in a marked degree, while he may pass the same length of time without solid food without any serious or special inconvenience. So, too, the experiments of physiologists have shown that animals supplied alone with water live several days longer than those supplied alone with solid food. We do not propose in the present paper to discuss the philosophy of these facts, but simply allude to them as links in the chain of facts illustrative of the vitality afforded through the blood-status ; for this being the recognized vehicle whereby nutriment finds its way to the tissues no circumstances must be permitted to vitiate its elements. *Chloride of Sodium* is one of the inorganic materials which require to be afforded with very considerable regularity ; and certain well known pathological conditions are manifested with the deprivation. In the natural history of this food question, the natural craving of the human species for vegetable food, whereby the starchy or saccharine elements are afforded, as also the desire for oleagenous food, becomes highly suggestive taken in connection with the reflections we

are engaged in considering. So far as the craving for vegetables is concerned, it is found that even in certain pathological states, as for example in diabetes where a strictly animal diet has been persisted in as a means of therapeutics, yet very soon the instinctive craving becomes too imperative to be overlooked, and the treatment is abandoned.

Certain products of the blood, which we must confess, however, are not very well understood, are materially influenced by the character of the food. Of these are urea, the urates, carbonic acid, and the excretions generally. And indeed this is true whether we regard these as products of the blood direct, or results of disintegration, or whatever theory we may adopt.

Now bearing in mind these well known elements of a healthy blood constitution, crudely expressed as they are. It requires no elaboration of facts or illustration to suggest the subtle influence of improper diet, or want of diet, or irregular diet, of bad air, of deranged or arrested eliminating function, together with an endless list of occurrences or circumstances which will by some of its processes materially change the blood in one of at least three ways; viz., an excess of natural elements, a loss of natural elements, the introduction of various unusual or foreign elements.

Either of these conditions of abnormal constitution are manifestations of blood disease, or speedily provocative of blood disease.

In the whole range of therapeutical agents, we have no more interesting group of study than those remedies which from their supposed peculiar action are styled *Restoratives* and *Catalytics*.

That a great variety of medicines, when administered, produce more or less important modifications in the blood, seems now too well established to require any elaboration in such a paper as this. Whether they act through the blood directly, or by virtue of some indirect sympathetic influence is also immaterial to our present purpose. What we most wish to know is that medicines do change the character of the blood, and through this structure affect all the other structures of the

system. Mr. Headland, in his excellent book, regards all these remedies as acting in the blood, that they pass into the blood, and produce their influence there. He styles them *Hæmatics*.

It is certainly not very difficult to understand that a great many diseases arise simply from a want of some one or more of the normal constituents of the blood. That this is the case in simple debility, would appear plain enough. We are quite agreed that anæmia occurs from a deficiency of the hæmatoxin of the blood corpuscles. Certain diseases are associated with a lack of the salts of potash. In malignant cholera there is an absence of the watery particles of the blood. Some forms of urinary disease are manifested by their peculiar urinary deposits—here there is probably a deficiency in the elements of the blood whose office is to hold these elements in solution. We have thus suggested a wide range of pathological condition, in which there is some defect in the blood elements. Medicines which supply this defect serve to restore a correct condition of the faulty functions, hence we style them Restoratives. We must not in this connection lose sight of the distinction—all this class of agencies are not in any sense eliminators of any vice—they do not necessarily pass out of the blood, they afford to it something wanting from its healthy condition. And in this sense, *articles of food* become in the highest sense restoratives. They stand at the head of the class, and with the whole train of hygienic influences, are our first resources.

Some years ago, a distinguished fellow member of this Society read a Prize Essay to this body on *Essential Fevers*, in which he elaborated very fully and clearly the doctrine of foreign elements as the origin of certain putrid fevers. It is known that the normal condition of the blood is alkaline. Carbonate of soda is one of the healthy constituents, and recently Dr. B. W. Richardson has pretty well established the coagulability of the blood as dependant on the escape of ammonia (or its carbonate.) Now there is very fair reason to believe that typhoid fever, and other low forms of fever, especially all that class of fevers known as “putrid fevers” are

dependant on an excess of some of these alkaline elements. Thus, for example, Dr. Blair has shown that in the Yellow Fever there is an excess of the alkali of the blood, and that this alkali is the ammonia. At any rate, therapeutically there is no doubt but acids are of marked service as remedies in the treatment of these fevers, as the empirical experience of the profession ascertained long ago. More than a hundred years ago (in 1750) Huxham recommended the mineral acids in the treatment of "putrid crisis" in fevers. And in our time a favorite treatment of scarlatina is the administration of nitric acid.

There is some dispute whether the acid of the gastric juice be the hydrochloric or lactic, the former is generally supposed. Now in many cases of weak digestion the administration of an acid has acted as a stimulus or promoter of the function. The explanation seems to be that a larger amount of acid is set free in the blood, thereby counteracting the failure of gastric secretion upon which these dyspeptic conditions depend. For similar reasons some forms of diarrhœa are relieved by acids.

Similar processes of reasoning are applicable to many other natural elements of the blood, and their naturally suggested restoratives, as alkalies, tonics, preparations of iron, and perhaps some other classes of agents.

"When a disease depends on the want of some material in the blood system, then it admits of being cured by a restorative. When a morbid process results in a diminution of the amount in the blood of some necessary constituent, then also may a restoration be of use in alleviating the consequences of such a disorder."—*Headland, Hæmatics*.

There is another branch of this subject, containing a proposition, to which the profession has given its assent, after some mode, through all ages; and yet for which there is even to this day no very definite demonstration, and to which there is with many eminent authorities of medicine, the most virulent, unrelenting skepticism and warfare.

It is common to ascribe to certain peculiar remedies certain important specific offices in the human economy, for example,

Mercury is, after all that has been said, still esteemed as the antagonist of syphilis; arsenic of lepra; and iodine of scrofula. We have never been able yet to say how these medicines produce their specific action, we simply know that they have the power to antagonize particular pathological conditions.

In the obscurity which has ever surrounded the *modus operandi* of these and other remedies, it has been the theory to regard them as acting through the blood. That certain *materies morbi* are working in the blood, of which the vital tendency is to pass out by the gradual processes of functional elimination, and that for particular forms of foreign matters thus existing in the blood, there are respectively certain appropriate antagonizing agents. Now we say that the demonstrations of these subtle processes are by no means clear, yet it is difficult otherwise to satisfactorily account for an extended list of phenomena in the natural history of disease, and therapeutics.

In the valuable prize essay of Prof. Armor already referred to in this paper, the class of diseases resulting from these peculiar toxic conditions of the blood are styled zymotic, and writers generally have used this term, and remedies which antagonize these poisons are spoken of as *catalytics*.

Now I say there has been some very similar way of expressing this idea from the earliest times to now. What a wonderful similarity in the old doctrines of Hippocrates, his coction or fermentation, and critical days, with the fancy of Liebig, who compares the history of these blood disorders to the process which takes place when a small quantity of yeast is introduced into a mass of malt (or sweet wort.)

Yeast, as every scientific person knows, is a vegetable fungus; placed in a solution of sugar, it undergoes rapid development, and as a consequence, alcoholic fermentation takes place, the elements of sugar arrange themselves in the new and simple forms of alcohol and carbonic acid; but in the malt there is another element, the gluten; and this gives rise to another peculiar manifestation, the yeast multiplies itself enormously at the expense of the gluten, and when the process is completed there is twenty or thirty times as much

yeast as there was placed in the malt at the beginning. Now Liebig uses this process to illustrate the events which take place when a toxic element finds its way into the blood. He believes that by some mysterious operation resembling (*not the same,*) but resembling the yeast fermentation and growth, when a portion of the poison of small-pox, or scarlatina, or diphtheria, or syphilis finds a lodgement in the blood it may so act upon the usual elements, or upon some peculiar elements of that fluid as to reproduce itself indefinitely. To effect this reproduction, just as the yeast requires the gluten, the toxic element must have its elementary affinity present upon which to react, otherwise there is no increase, there may or may not be some disturbance of the economy, and there is by and by elimination. If the required element be present, the process goes on, and new relations are established kindred to fermentation; in proportion to the importance of this element as a material of tissue life and growth, will be the degree of disturbance produced; if the element is concerned in vital operations, then the toxic condition overwhelms the system, and proves more or less rapidly fatal, as we are to suppose, according to the concentration of the poison.

The doctrine of typical changes so beautifully elaborated by Mr. Paget, is really only another way of expressing a similar theory. He likens the process of change which occurs in the pathological history of a typhus fever, or a small-pox, or any of those, what are styled zymotic diseases, to the changed formative process seen in a scar, or other changed tissue. A new elementary disposition has occurred, a new type, and thereafter the formative process proceeds after the new order, and hence as he supposes the immunity thenceforth to the influence of this toxic element if reintroduced into the blood; that is to say, the gluten type of Mr. Liebig has been destroyed and the new formative process ceases to produce it. So, too, Simon and other eminent pathologists present their special explanations of the events which we know to occur, and when analyzed, there is still the old "crisis," and "coction," and "humoral poison" of that great philosopher and physician, Hippocrates.

The pertinacity with which these ideas have retained their hold on the philosophy of medicine suggests a large degree of respectful attention, as if not absolutely true or demonstrated to be true, yet as probably on the right track.

These ideas have naturally suggested many important therapeutical views and experiments, of great value practically. The idea of a toxic condition at once suggests its antagonist; and when, on the one hand, we observe the natural history of Acute Rheumatism to require a definite period, expressed by Abernethy as "six weeks," to pass through its process of coction, its crisis, and its decadence, often times this natural history indefinitely extended, with its incidents of chalky deposits and the like, *when undisturbed*. And on the other, when a course of alkaline medication on the plan of Mr. Fuller has arrested the process of disorder in a few days, we find it very difficult to divest ourselves of a corresponding theory.

In like manner we find very strong circumstantial evidences of toxic processes in such diseases as erysipelas, uræmic intoxication, septicemia, and the like. Exactly what blood changes have taken place in tubercle and scrofula; in putrid fevers; in the lengthy catalogue of cutaneous diseases, perhaps we shall not be permitted to know. But the therapeutical suggestions and experiences which are accumulating in this field of inquiry are most fascinating in interest, and of the highest practical importance. It had been our purpose to embrace the consideration of some of these topics in the present paper, but the *resume* of the points already submitted have drawn more on the patience of the Society than was expected, and if agreeable, it will be my pleasure on a future occasion to prepare a supplementary paper, embracing some review of the more important topics to be considered under the general idea of *The Recent Therapeutics of Zymosis, or Catalytic Diseases*.

ARTICLE II.

Experimental Investigations into the Actions and Uses of the Bromide of Potassium.

BY ROBERTS BARTHOLOW, M.D.,

Professor of Physics and Chemistry in Medical College of Ohio; Physician to and Lecturer on Clinical Medicine at St. John's Hospital, etc.

[Read before the Academy of Medicine, Monday Evening, October 9, 1865.]

THE specific or essential properties of the bromide of potassium are derived from the bromine. This inquiry will, therefore, embrace the actions and uses of bromine, alone, as well as in combination with potassium.

These investigations will be conducted in three directions viz.:

- 1st. Chemical properties ;
- 2d. Physiological effects ;
- 3rd. Therapeutical uses.

The actions and uses of bromine might also be studied from the rational and empirical points of view, since some of the uses of this agent are derived directly from its chemical and physiological actions, and others have been discovered by its empirical employment. I prefer the former method, because of its scientific accuracy, and for the further reason that a rational therapeutics whenever attainable, is preferable to a blind empiricism.

I.—CHEMICAL PROPERTIES.

Bromine is a brownish-red liquid possessing a nauseous taste and a disagreeable odor. Its name is derived from the Greek word for fetid, *bromos*. It acts energetically upon coloring matters and effaces them, or, rather, substitutes a yellowish-brown. It is irritant to the bronchial mucous membrane, producing spasm of the glottis and suffocative cough. Its poisonous effects are readily induced by inhalation.

Bromine volatilizes easily. Some drops of it thrown into a glass globe of air, will fill it with orange yellow vapors. It boils at 145° and the specific gravity of its vapor is 5.6. A

wax taper burns in the vapor with a green light but is quickly extinguished.

Bromine is slightly soluble in water, quite soluble in alcohol, and soluble in all proportions in ether. Maintained in contact with water at 32°F., it forms a solid crystallizable hydrate, in which state it continues up to about 45°F.

In some of its properties bromine resembles chlorine; it has the same affinity for hydrogen; it bleaches coloring matters; at a red temperature it decomposes the vapor of water producing brom-hydric acid and oxygen; but it is much less energetic in its chemical relations than chlorine, which displaces it in all of its combinations. As bromine colors starch an orange-red, this reaction may serve to distinguish bromine from chlorine which is without action on starch.

Chloroform agitated with an aqueous solution of bromine is colored a more or less dark red, according to the quantity contained in the solution. When the chloroform solution is agitated with a solution of potassa, it is decolorized, but the color is restored on neutralizing the alkali with an acid. Sulphide of carbon comports itself in solution with bromine in a similar manner to chloroform, except when the red color is destroyed by an alkali, an acid does not restore it.

The bromide of potassium is a colorless salt, very soluble in water. It crystallizes like the chloride of potassium, in cubes and rectangular prisms. The crystals decrepitate when heated, fusing in a mass without decomposition. The bromides are recognized by their solutions acquiring a yellow color and the odor of bromine, when a solution of chlorine is poured into them, or by heating them with sulphuric acid and peroxide of manganese, when bromine escapes.

II.—PHYSIOLOGICAL EFFECTS.

The vapor of bromine when inhaled is very irritant. It induces an inflammation of the schneiderian mucous membrane closely resembling catarrh which may last several days. It causes great irritation of the bronchial mucous membrane, spasm of the glottis and cough of a suffocative character, when inhaled in large quantities. Largely diluted with air, it

may be respired without danger ; it then occasions some heat of the respiratory organs, increased flow of mucus and a sense of fullness and distension of the chest. Long continued respiration of the vapor induces stupor, slow action of the heart and muscular weakness. As the vapor rapidly diffuses itself through the air, notwithstanding its great specific gravity, these effects may be experienced by simply removing the glass stopper of the bottle containing it, when in a few minutes, if the apartment be not too large, the vapor of the bromine will be discovered in every part of it. Swallowed in poisonous doses, it corrodes the mucous membrane of the mouth, pharynx, esophagus and stomach ; the vapor passing into the larynx induces violent irritation of the trachea and bronchi and congestion of the lungs. To the effects of an irritant poison are superadded, the impression upon the nervous and arterial systems—depression of pulse, temperature and respiration, and stupor.

My investigations were directed, mainly, to ascertain the physiological effects of the bromide of potassium, as this is the form in which the bromine is usually administered.

Experiment 1.—Took twenty grains of bromide of potassium at 4 p. m. Pulse at this time 72. At 6 p. m. I experienced a sense of fullness of the head, became drowsy and had some confusion of ideas. Pulse had fallen to 65. There was also some dryness of the throat, and a metallic taste in the mouth. At 8 p. m., pulse had risen to 69, and the symptoms induced by the drug had nearly disappeared. Passed at this time eight ounces of urine, which, on examination, was found to contain a trace of bromine in combination. It had, therefore, made the round of the circulation and appeared in the urinary secretion within a space of four hours.

Took again at 9 p. m. twenty grains of bromide of potassium ; pulse 70. Became drowsy ; retired at 10 p. m., and fell asleep immediately, sleeping heavily for two hours when I awoke, became restless and suffered with headache. Had headache and nervous tremors in the morning, due not so much to action of the remedy as to want of sleep. Appetite keen.

Passed fourteen ounces of urine, which also contained traces of bromine.

Experiment 2d.—Took at 9 P. M. on the following day forty grains of bromide of potassium. Laid down immediately thereafter. Pulse whilst in the recumbent posture 61. Temperature of body as measured by thermometer in the axilla 98.2 F. Experienced in a half-hour frontal headache, and irritation of the schneiderian mucous membrane with increased flow of mucus and sneezing. At the end of one hour had a sense of heat and burning at the epigastrium and pain between the scapulæ. Experienced also, confusion of ideas and intoxication, evidenced by impaired locomotion, and tremblings of the muscles. Temperature of the axilla at the end of an hour 98.5, but a sense of refrigeration was felt over the body. Pulse at this time (10 P. M.) 60, but in a half hour 55, the temperature continuing at 98. Slept continuously during this night a heavy slumber without dreams; had headache on the following day, but there was no disturbance of digestion.

An examination of the urinary secretion after these two trials disclosed the very interesting fact that the quantity of urea notably diminished under the use of the bromide of potassium; whilst the amount of urea contained in 1000 grains of urine was, on the day preceding the use of the bromide, twenty-two grains, on the day after it was only fifteen grains, the diet remaining the same.

The physiological effects of the bromide, when taken in this way, may be thus summed up:

1. It proves irritant in large doses to the mucous membrane of the stomach;
2. It is rapidly absorbed into the blood, and may be detected soon after in the urine;
3. It acts upon the nervous centres, producing sedation, sleep, reduces the action of the heart and arteries, lowers the temperature and diminishes the retrograde metamorphosis of tissue.

To ascertain the effect of the long continued use of the bromide of potassium, further experiments became necessary.

Experiment 3d.—For this experiment a patient was selected who was in the hospital under treatment for spermatorrhœa, and a private patient suffering from the same malady. They were given twenty grains of the bromide dissolved in water, three times each day. As far as could be learned, similar effects were experienced as in the experiments already detailed. The subjective sensations of the patients were, however, not readily drawn from them. Somniferous effects were experienced in each case. One of them slept soundly in the afternoon who was not in the habit of doing so, and complained that he could not keep awake. Loss of sexual appetite occurred after a variable period, but in neither instance until the remedy had been administered from five to ten days. In both cases a papular eruption appeared on the face and forehead.

Beside the anaphrodisiac properties, muscular weakness, shortness of breath, dizziness and diminished mental power, were produced. All of these symptoms disappeared in a short time after the discontinuance of the drug. Some of them were, probably, due to the local irritant action of the bromide and the consequent interference with the primary assimilation.

The effect of the bromide upon the urinary secretion was not very marked. The specific gravity in experiments one and two was 1022 after the use of the bromide, which was the same as before its use. In a case of paraplegia at St. John's Hospital due to myelitis of that part of the cord below the dorso-lumbar enlargement, the urine which was alkaline, became acid on the use of the bromide and was notably increased in amount, but this effect was not due so much to any diuretic action of this remedy as to its influence over that morbid condition of the cord upon which the alkalinity depended.

The physiological effects of bromide of potassium due to its prolonged administration, may be summed up as follows:

- 1st. It diminishes and ultimately, entirely, neutralizes the sexual appetite;

- 2nd. It produces weakness of the muscular system;

- 3rd. It is irritant to the stomach if given in considerable doses, and

4th. It interferes with the secondary assimilation, lessening the retrograde metamorphosis of tissue.

III.—THERAPEUTICAL USES.

The applications of bromine to the treatment of disease, are based upon its chemical and physiological properties. This fact is the more conspicuous when we come to consider its uses as a hygienic agent and as a local or external remedy, and as a curative agent in certain constitutional conditions. It will be useful to keep these facts in view, not only as serving to explain the *modus operandi*, but as a guide to rational therapeutics.

a. As a disinfectant and deodorizer.—It has already been remarked that bromine decomposes the hydrogen compounds. These compounds enter largely into the composition of noxious effluvia, arising from animal or vegetable decomposition. The action of bromine may be illustrated by pouring the vapor of bromine into a jar containing sulph-hydric acid gas (or sulphuretted hydrogen); the nauseous odor of this gas is immediately destroyed, sulphur is precipitated, and brom-hydric acid is formed. The poisonous properties of the gas, of course, disappear with the destruction of its chemical properties.

The use of bromine as a disinfectant and deodorizer is predicated upon this chemical property. The only or chief objection to its employment is its cost, which will prevent its substitution for chlorine and other cheaper disinfectants. It is more readily applied than any other agent of its class; it is only necessary to remove the glass stopper of the bottle containing it, when the vapor will diffuse itself throughout the apartment. In small apartments and in private houses; in water-closets and close-stools, it commends itself to our use as an elegant and effectual disinfectant and deodorizer.

As a deodorizer, the solution in the proportion of one part to six of alcohol and water, may be employed in ozæna, to correct the fetor and act as a gentle stimulant; also, in offensive vaginal discharges, and in foul abscesses. In these cases, the solution may be injected into the cavities by means of a glass syringe, the strength being varied according to the necessities in each case.

b. As an escharotic.—When more powerful as well as permanent effects are desired, pure bromine may be applied to the diseased surface. It occasions the death of the part, but the resulting eschar is quite superficial. As an escharotic, it is indicated in sloughing and gangrenous ulcers; in phagadenic chancres; in hospital gangrene; in epithelioma. In callos ulcers of the leg; in rodent ulcers, syphilitic or from other causes, of the fauces; in syphilitic fissures of the tongue with indurated edges; in syphilitic condylomata, warts or excrescences, and in indolent venereal ulcers, it may be applied pure or more or less diluted with ether or alcohol, according to the special indications in each case.

In all of these forms of disease, bromine has been largely employed by army surgeons, since it was proposed by Dr. Goldsmith for hospital gangrene. Its employment in these cases has frequently degenerated to the merest empiricism. In pseudo-hospital gangrene especially, as well as in true hospital gangrene, has it been used without discrimination. Whilst the former is largely dependent upon a constitutional dyscrasia compounded of scorbutus, malarial poisoning and crowd poisoning, the latter is the direct result of contagion. The former may be cured by supporting treatment, without local applications, and the latter by escharotics and other suitable local applications, without constitutional remedies. Bromine is applicable to the latter. Much harm has resulted from its injudicious employment in the former. I have known the eschar produced by bromine confounded with a new invasion of the gangrene and a renewed application of the remedy ordered.

Dr. Goldsmith very properly insists, that the sloughs be carefully dissected off, before the bromine is applied. The same rule is equally important in the application of other escharotics. Bromine has the advantage over many of them, that it is a powerful deodorizer as well as escharotic, but its superiority in other respects is by no means conclusive.

c. As an internal remedy.—The irritant effects of pure bromine restrict its internal administration. It has long been employed under the designation of "Von Bibron's antidote"

as a remedy for the rattlesnake poison. The instances of its successful administration were so numerous as to authorize its introduction into the standard supply table of troops operating upon "the plains." For this purpose it is applied locally to the wound, and administered internally. Some interesting experiments have been made upon dogs, to show that bromine decomposes the rattlesnake poison and renders it innocuous. With the same view it has been proposed in hydrophobia, but I know of no instances in which it has been employed. Its efficacy as an antidote to the poison of the rattlesnake, affords a reasonable ground of belief that it may prove antidotal to other specific animal poison. At all events, this subject is worthy of investigation.

In diphtheria and membranous angina it has been employed with benefit, applied locally in solution and by inhalation, and administered, also, by the stomach. Recently some remarkable results have been obtained by administration of bromine internally in camp dysentery, a condition of the alimentary canal analogous in some respects to the local condition in diphtheria.

The chief difficulties in the way of the administration of pure bromine, are, its ready volatility, its nauseous taste, and its irritant and corrosive action. These objections may be measurably removed by dissolving it in alcohol or ether; one part of bromine, for example, may be dissolved in six parts of alcohol or ether, of which five drops may be given and gradually increased until some of its characteristic irritant effects are produced.

d. The actions of the bromide of potassium physiologically considered, consist in a sedative or contra-stimulant effect upon the nervous centres, producing as secondary phenomena, sedation of the heart, anæmia of the brain, anaphrodisiac effects and diminution of the retrograde metamorphosis of tissue. It has come into use in various functional and organic nervous disorders and in certain sexual diseases, where a calmative and sedative influence is desired.

1. *As a hypnotic.*—The experiments already detailed, have shown that as one effect of bromide of potassium a disposition

to sleep or drowsiness follows its administration. This action is not to be considered independently of its effects upon the pulse-rate and temperature, both of which are notably diminished. To comprehend its hypnotic effects, therefore, we must clearly understand the conditions under which insomnia may exist. It is but recently, indeed, that the state of the brain in healthy sleep has been definitely traced. We are indebted for correct views on this subject to Mr. Durham, of England, and Dr. W. A. Hammond, of New York, who have shown that the brain in healthy sleep, is in the same condition as other organs in a state of repose; that is, it contains less blood, it shrinks and occupies a relatively smaller space, or in other words it is anæmic. The view, heretofore held by physiologists and pathologists, was the opposite of this; the state of sleep was presumed to be induced by congestion of the brain, by greater fullness of its vessels, and that sleep was in reality, a modified coma. The hypnotics heretofore employed tended to confirm this view, for nothing is more evident than that opium, cannabis indica and other narcotics, produce congestion of the brain. Hence they induce, if given in sufficient doses to procure sleep, the pathological state of coma rather than the physiological state of natural sleep.

The bromide of potassium is a true hypnotic; it makes a sedative impression upon the nervous centres, and diminishes the cerebral blood-supply, conditions essential to healthy sleep.

To determine this fact, and at the same time to ascertain the antagonism between opium and bromide of potassium, observed when the two were administered in a case of disease conjointly, I made the following experiment:

Experiment 4.—Took at 8 P. M. thirty grains of bromide of potassium and forty drops of tincture of opium. Pulse 70; temperature 98.3°. In a half hour pulse was 68 and temperature 88.1°; in an hour pulse 65 and temperature 98. Before 9 o'clock experienced headache and burning at the epigastrium, but after this hour felt the characteristic impressum of opium; pulse rose to 72 and temperature to 98.5°. The opium produced as it does constantly in my case, insomnia or the half-

waking state, which lasted during the whole time its effects continued.

This experiment was, therefore, entirely confirmatory of the clinical observation. It follows then as a rule of practice, that when the hypnotic effect of the bromide of potassium is desired opium should not be administered. It follows, also, that if the state of congestion of the brain or modified coma induced by opium, prevents the action or contra-indicates the employment of the bromide of potassium, as a hypnotic, that it is not adapted to cases of insomnia arising from congestion of the brain. Several clinical observations confirm this view.

Experiment 5.—To a patient at St. John's Hospital in the *delirium ferox* of typhoid fever, I administered sixty grains of the bromide of potassium in six hours in divided doses. No effect whatever was produced; his delirium and excitement continued unabated, and he died on the third day thereafter. Upon *post-mortem* examination I found extensive congestion of the veins of the cranial cavity, numerous bloody points on division of the white substance; fluid in the sub-arachnoid space and fluid in the ventricles. His delirium and insomnia were plainly due to this extreme congestion of the brain and its meninges, and over this state the bromide of potassium exerted no control.

The same fact is exemplified in

Experiment 6.—This was also a case of typhoid fever. Insomnia had existed for several nights and days. The case commenced with brain trouble, and although this was apparently relieved, the insomnia continued. Ninety grains of the bromide were administered in twelve hours without inducing sleep. The man ultimately recovered; but that the insomnia was due to congestion or organic lesion of the brain, is rendered probable by the fact, that he suffered from ptosis and paralysis of the *portio dura* during the stage of convalescence.

Further, this remedy is not adapted to cases in which opium is used with advantage. It would be idle to administer it as a hypnotic in cases of severe pain. From these negative conclusions the results of experiment and clinical observations, we are enabled to arrive at some positive indications.

The bromide of potassium is indicated as a hypnotic in states of nervous excitement without congestion of the nervous centres; in hysterical insomnia; in delirium tremens; in the insomnia of excitable business men, or in general terms, in those forms of insomnia dependent upon excitation without increased blood supply.

Its use in the treatment of delirium tremens will sufficiently illustrate this point. Six cases of this disease have recently been treated by me in St. John's hospital with the bromide of potassium. The method of its use has been as follows: thirty or forty grains were given in the evening in divided doses; during the day milk and beef tea, and a small quantity of wine and water or whisky and water as a *placebo*, merely. The average duration of these cases was three days. The bromide invariably produced sleep from three to eight hours during each night of its administration. All of the cases recovered. I am aware that Bennett claims a most favorable result from his nutrient plan of treatment without medication, but the good effects of the bromide in these cases were too constant and uniform for the *post hoc* to have been mistaken for the *propter hoc*. It must not be forgotten, however, that the bromide may fail of its hypnotic effects in delirium tremens, in those cases characterized by organic lesions of innervation, by inflammation and its products, or by active sthenic congestion. Such an exception must occur very rarely, for delirium tremens is very constantly a state of excitation without power.

Again, to secure the most favorable results from the use of the bromide it is important to withdraw the stimulant. To continue the poison which produced by its direct action on the nervous tissue, all the nervous phenomena is not only unphilosophical and illogical, but is practically harmful. It will prevent the beneficial effect of the hypnotic. In my cases I used a small quantity of wine merely as a *placebo*, to allay the patient's fears on account of the sudden withdrawal of his accustomed stimulant, but not sufficient to act upon his nervous centres and to produce that state of active congestion unfavorable to the action of the bromide.

2. *As a sedative*.—It has already been shown that the bro-

mide of potassium given in sufficient doses reduces the pulse and temperature. It is also sedative to the nervous system. This action has been indicated in the physiological experiments detailed and confirmed by clinical observation. The remedy has, consequently, been largely employed empirically. Its therapeutical uses, as a nervous sedative, have well defined limits. It is not applicable to all forms of the several nervous disorders in which it is found useful.

The last observation is particularly appropriate to the use of the bromide in epilepsy. It has been given in the centric and excentric forms of the disease, with little regard to the actual condition. In epilepsy dependent upon functional derangement of the sexual system, its good effects are frequently most conspicuous. To insure a permanent curative effect it is essential that any local lesion upon which the convulsive action depends, must be remedied. In the following case for reasons not necessary to mention, the amenorrhœa, the excentric cause of the convulsions was incurable, and hence, the failure of the remedy after a decided manifestation of its peculiar powers.

Experiment 7.—This case, a chlorotic girl, suffered with daily attacks of epileptiform convulsions. The bromide of potassium, in ten-grain doses, three times a day, was administered with the effect to prevent the recurrence of the convulsions for a space of three weeks, when they again returned with their former frequency, and larger doses failed of effect. It is especially useful in the epileptiform convulsions of masturbation, for, in this case, as we have already seen, it is sedative to the sexual, as well as to the nervous system. In this form of epilepsy, the irritation starts from the peripheral nerve distribution of the genital organs. This irritation and the excitation which it produces in the cerebro-spinal axis, are both largely under the control of the bromide, and hence its peculiar efficacy in such cases. But where in other cases the peripheric origin of the convulsions is equally evident, this remedy can only relieve the excitation of the cerebro-spinal axis, or, in other words prove merely palliative. Hence the frequent failure of the bromide in this class of cases, the

peripheric local lesions remaining undiscovered or proving incurable.

There is yet another class of cases to which it is not applicable—those of centric origin dependent upon tumors, injury or structural lesion. If there be any cases of centric origin in which the bromide proves curative they are probably those of increased reflex excitability without structural lesion.

To illustrate further the important therapeutic principles embraced in these observation on epilepsy, I add the following case of chorea:

Experiment 8.—A boy, ten years of age, presented himself at the clinic of the Medical College of Ohio, suffering under chorea, involving especially the right side. His mother, who accompanied him, stated that he had, beside the choreic jactitations, more or less mental derangement. I prescribed for him ten grains of the bromide of potassium in a half-ounce of infusion of *Cimicifuga* to be taken thrice daily. He presented himself on the following week, somewhat relieved, but by no means cured. His mother stated on this occasion that since his previous visit he had vomited a worm. Acting upon this information, Dr. Nickles, the physician then in attendance, prescribed *santonine*, which procured the evacuation of the worms, and the boy thereafter rapidly recovered.

The sedative effects of the bromide are exhibited in a variety of functional nervous disorders, non-specific in character. Thus it has come largely into use in spasmodic cough, of which the following case, a type of a large class, is a good example:

Experiment 9.—A boy, an out-door patient of St. John's Hospital, had diffused catarrhal bronchitis of several months standing. His chief trouble, however, consisted in violent paroxysmal cough occurring at irregular intervals, and especially at night. He was given the bromide of potassium conjointly with the iodide thrice daily. After a few doses the cough subsided, and when he last presented himself, the bronchitis had entirely disappeared.

In other nervous and spasmodic affections of the respiratory organs, not due to a specific cause, as cough, asthma, and irritable larynx, it is frequently beneficial. Hence the bromide

has acquired some reputation for producing a state of partial anæsthesia of these organs; but its *modus operandi* consists in the sedative impression upon the medulla oblongata conveyed through the pneumogastric and its branches, especially the laryngeal. It is this peculiar sedative action which has led to the employment of the bromides of potassium and ammonium in whooping-cough. The almost constant failure of the drug to relieve any other symptom than the spasmodic element—the whoop—follows from what I have said as to its *modus operandi*, for the bromide is not an antidote to the peculiar poison or influence producing the disease. Reputed cures were probably instances of the natural termination of whooping-cough, for, in common with all other nervous diseases, it is exceedingly irregular in its severity and duration.

As a sedative, the bromide of potassium is also largely employed in certain disorders of the sexual system, both of males and females. Thus it has been used with excellent results in uterine and ovarian irritation, in priapism, in irritable bladder and in gleet.

I have found it especially useful in irritable bladder and the chordee of gleet. The following case well exhibits this:

Experiment 9.—A man presented himself at the College clinic with gleet of several months standing. He had a thin discharge without inflammation; he suffered from painful erections; he had irritable bladder which required him to get up frequently during the night. He was given twenty-grain doses of the bromide. His cure was rapid and complete. The subsidence of the gleety discharge, as well as the relief of the irritable bladder, was a gratifying exhibition of the power of the remedy, for all practitioners have experienced the great difficulty of curing such cases.

It is not equally efficacious in the chordee of acute gonorrhœa, nor in the irritable bladder of cystitis and calculus. In both these conditions, however, it will prove occasionally, very beneficial, and always palliative.

In irritable uterus and ovaries it will relieve many of the most distressing symptoms, and often prove curative without the addition of any other remedy.

3. *As an anaphrodisiac.*—No therapeutic use of this drug rests upon better established facts than its anaphrodisiac properties. The experiments on this point have been conclusive.

Experiment 10.—A private patient afflicted with spermatorrhœa, took twenty grains at 6 and at 9 P. M. for ten days, with the effect to deprive him entirely of sexual desire, but this effect was not produced by the first six doses.

In cases of spermatorrhœa, this desirable effect is not alone sufficient. In my cases, I conjoin with the anaphrodisiac property of the bromide, the peculiar effects of ergot and belladonna upon the spinal cord. I can speak with confidence as to the great value of this plan of treatment in spermatorrhœa—a disease most difficult to cure, as all physicians have learned who are at all familiar with its management.

The good effects of the bromide in this, as in all other forms of nervous disease, are largely influenced by local conditions. If the sexual excitement be dependent upon disease of any part of the cerebro-spinal axis, or upon some local structural lesion in the generative apparatus, the same beneficial results can not be expected.

After a careful survey of all the facts we are able to construct a theory of the action and *modus medendi* of the bromide of potassium. I put this in the shape of the following conclusions :

1. The bromide of potassium acts by absorption into the blood ;

2. Its effects are expended upon the nervous centres, or the cerebro-spinal axis ;

3. Sedation of the heart and circulation, and the various local sedative effects are secondary results of the impression made upon the nervous centres ;

4. Its physiological effects are not very decided, and are easily modified by any local disturbance ;

5. Its therapeutical action is still more decidedly influenced by local morbid processes ;

- 6th. It is indicated where a sedative to the nervous system is required—in insomnia ; too great reflex excitability ; nervous and spasmodic affections of the larynx and bronchi ;

sexual excitement and in an irritable state of the sexual organs;

7th. It will be effectual in the foregoing conditions, in proportion to the degree in which structural lesions are absent, or in other words, in proportion to the degree in which these morbid states are functional rather than organic.

ARTICLE III.

Case of Catalepsy, Aphonia, and Restoration of Voice.

BY DR. C. F. LOCKWOOD, OF JACKSONBURG, INDIANA.

I WOULD respectfully beg a place in your journal to make record of the following interesting, extraordinary, and very peculiar case; a brief account of which was published in the *Cincinnati Gazette* of August 21st.

Miss Permelia Barnell, aged forty-two years, a resident of this place, while attending a camp meeting in this vicinity, about twenty-six years ago, in time of morning prayer was attacked with catalepsy, and remained in a cataleptic state for thirteen days, with complete loss of consciousness. After the paroxysm subsided she soon became convalescent, except there was complete aphonia, and she remained speechless from that time until a few days ago, being unable to communicate her thoughts except by such manipulations as mutes employ. A few weeks ago she was earnestly solicited by S. H. Hoshour, of Cambridge city, to try the experiment of getting drunk, as he believed from accounts he had read of soldiers similarly afflicted, that her speech would thus be restored. Being a most excellent lady she very much disliked the idea of becoming intoxicated, but as a sensible woman she was willing to submit to almost any kind of medication, which offered any hope of a restoration of the functions of that most useful, but much abused organ. A few days ago, however, she called in a few of her true and tried lady friends to administer the liquor and take care of her till she came to herself again. She began to imbibe of the wonderful *talk-restoring* spirits about 10 o'clock, and continued to take about two tablespoonfuls every fifteen minutes. At 2 o'clock I was sent for, and

found her considerably intoxicated, but not as we would say in common parlance, "dead drunk," from the fact that she had been vomiting a great deal, and consequently had only retained a part of what she had taken. I remained for some time and proceeded to intoxicate her in as scientific a manner as I possibly could. She soon became totally unconscious of everything around her and lay in a comatose state for two hours. Shortly after she began to revive up. She made several ineffectual efforts to speak, and finally succeeded in uttering the word "mercy," and soon after "have mercy," then "Lord, have mercy on my poor soul," and thus she continued for some time, praying, sermonizing and quoting Scripture, but despite all our efforts we could not get her to engage in common conversation, not even so much as to say yes or no. But before 10 at night she could talk as fluently as any one and was so much rejoiced that she shouted for joy. By this time a large company had gathered and were almost as much startled as if one had been raised from the dead. There was a time of general rejoicing.

I will leave it to older and wiser heads to explain this apparent miracle and in what manner the *ardent spirits* produced such desirable and wonderful results. Suffice it for me to say that I think there was partial paralysis of the upper portion of the larynx with total paralysis of the superior and inferior vocal cords, and they were roused from their lethargy by the active stimulation which the liquor induced in the whole system.

Surely this remarkable case will convince the most skeptical of the truth not only of the Latin proverb, "*in vino veritas*," but also *in vino virtus*. It might be well to state, that for three or four months prior to the attack of catalepsy this lady suffered from chorea. I would have reported the case sooner, but there were some sage antiquarians in this vicinity, who conceived the idea that she would not talk when the influence of the stimulant died away, and I have delayed until all doubt of the curative result was put at rest.

Medical Societies.

Proceedings of Dennison Medical Society.

Reported by DR. A. S. STEVENS, Secretary.

TUESDAY EVENING, April 4th.

Dr Paulding in the chair.

Dr. Wade commenced the consideration of heart disease. He spoke of the anatomy and physiology of that organ, and enforced the necessity of being familiar with that part of the subject. He desired to confine attention for the present to hypertrophy, which is frequently connected with dilatation. True hypertrophy rare. Affections of the heart are frequent in the army. The causes are violent muscular exertion, exposure, anæmia, and neighboring disease in the lung. The treatment is rest, alkalies and anodynes. Counter-irritation is a habit in the hospital, but authors place little stress upon the practice.

Dr. Cheney mentioned inability to lie upon the left side as pointing to affection of the heart. The diagnosis is difficult. He formerly thought the bellows murmur diagnostic of valvular disease, but found it unreliable. He alluded to fibrinous deposits called thrombi, had found bellows murmur originating in consequence.

Dr. Klein thought proper attention was not usually given to these affections. The initiatory symptoms are hard to distinguish. Hypertrophy is rare, as are all true diseases of the heart, and are not curable.

Dr. Chapman gave an interesting history of an autopsy, in which was found some evidence of tubercular disease. Eight ounces of fluid in the pericardium, some pleuritic effusion, one ounce of fluid in ventricles of brain, and other appearances of congestion of brain. The man had been much disappointed in not receiving a discharge, and suffered much from nostalgia. Could nostalgia produce such a state of brain?

Dr. Wade here mentioned a metallic ring as showing the presence of thrombi. He had known nostalgia evidently

producing typhoid fever. A patient was here introduced by the Surgeon in charge, who could voluntarily produce luxation of the femur, and return it. He had been struck by a limb of a tree, which first produced dislocation, and it was readily displaced for sometime after. At this time the performance is painful.

Major McDermont remarked that this is a rare phenomenon, though this power is frequent with the shoulder-joint.

Dr. Highland said that thrombi were frequently found in connection with pneumonia, pleurisy, measles and diarrhœa, from impoverishment of blood.

Major McDermont said that fibrinous deposits are frequently found in autopsies, not always of a serious character, may originate after death. He was fortified in this opinion by many observations made at Cumberland Hospital. His attention had been particularly called to this subject by an essay of Prof. Jones, and by similar opinions expressed by Surgeon Shumard. They found these deposits in forty cases where there had been no evidence of deranged heart prior to death. These deposits have no cell formation and are very firm. They are a common cause of valvular disease as illustrated by Simon's experiment.

Dr. Grube said hypertrophy had been spoken of as concentric and excentric, thought the former variety rare. Hypertrophy is generally external. Majority of cases are associated with dilatation, and dilatation may exist without hypertrophy.

Major McDermont said in many cases the fibrinous deposits spoken of existed floating in the arteries. He spoke of hypertrophy as depending upon obstruction to the circulation of blood, usually commencing at the mitral valves, and resulting from the laws of growth. The muscular tissue is developed by the increased strain made upon it. These obstructions operate backward, and progress in the same way to produce obstruction in the lung and liver, and finally œdema results. The diseases of the heart are of difficult diagnosis, usually incurable, and of little practical importance.

Dr. Stevens said the remarks he wished to make upon hypertrophy had been anticipated by the Surgeon in charge. He had considered concentric hypertrophy as an exploded

view. He thought too exclusive attention had been given to physical diagnosis in heart disease, and in making up his opinion with regard to such states would be much governed by constitutional symptoms.

Dr. Grube remarked upon the diagnosis of hypertrophy, that a prominent sign was enlarged dullness upon percussion. There is increased impulse, but not increased loudness, which depends upon other circumstances. Perceptible motion of the integuments is not an essential symptom, but it accompanies the majority of cases. There is a distinction between pure dilatation and hypertrophy; but dilatation without hypertrophy is almost impossible. This condition is frequently a result of rheumatism or exposure, and these circumstances are an aid to diagnosis, but are not reliable in all cases.

Dr. Sale said the line between organic and functional disease was very interesting. He gave the history of two cases of hypertrophy in private practice. The first was a young lady of seventeen, had been attacked with rheumatism and pericarditis at the age of ten. She had remittent pulse; dropsy with much effusion. Autopsy showed enlargement of right side of heart, which was $1\frac{3}{4}$ inches in thickness, aortic valves were studded with excrescences. The left side was unaltered. There existed bellows murmur previous to death. The second case was an old gentleman. There was enlargement of right side in this case also. It was $1\frac{1}{2}$ inches in thickness. The symptoms were remittent pulse, no dropsy, pain in the forearm, dyspnœa. He alluded to the fibrinous deposits spoken of. In many cases there are no previous symptoms, but not always. They were explained by Virchow as dependent upon leucocythæmia, a condition in which there is loss of red corpuscles, by which an eddy is formed within the heart.

Dr. Wade said that *Dr. Grube* had mentioned the most prominent symptoms of hypertrophy. He would mention some other symptoms, dyspnœa and orthopnœa. There is also a muffled sound in hypertrophy. Dilatation is distinguished by loudness of sound, syncope, feeble pulse. Pain in the right arm is characteristic of disease of aortic valves. We

also find murmurs in organic disease. Hypertrophy is not a functional disease. The clearest proof of functional disease is that the patient gets well by treatment addressed to the general condition.

Dr. Chapman wished to correct the diagnosis made in referring to an autopsy on previous evening. He had learned that congestion of brain was a symptom of dilatation. *Dr. Hope* states that dilatation usually terminates with congestion of the brain. The formation of clot within the chamber is also a symptom. In the case referred to the walls of left side were thin and did not contract. Effusion within the pericardium is also a symptom, and there is pulsation over a large space and dyspnœa. There may be œdema and general anasarca from dilation, and enlargement of the liver.

Dr. Chapman brought forward a case of heart disease for investigation. Patient is not anæmic and has not had chronic diarrhœa. He does not rest well at night, has considerable dyspnœa on retiring, and can not lie on his left side. Sometimes he has to sit up a greater part of the night. Has not had rheumatism. The patient was examined by all the members present. A desultory discussion followed, in which no definite conclusion as to the nature of the disease was reached. *Dr. Chapman* presented another case for examination. Patient somewhat anæmic, is easily agitated, and suffers considerably at night from dyspnœa. He had acute rheumatism when seventeen years of age, is now seventy years of age. Patient was examined by all the members present.

Dr. Grube detected mitral regurgitant murmur. *Dr. Cheney* finds no regurgitation, but a peculiar chink with the second sound of the heart. *Dr. Jennings* thinks there are indications of dilatation, and *Dr. Williams* of hypertrophy. *Dr. Walton* found mitral regurgitant murmur.

Agreed that Phthisis Pulmonalis be the subject of discussion at the next meeting.

Proceedings of the Wayne Co., (Indiana) Medical Society.

Reported by W. P. Waring, M.D., Secretary

THE Society met at 11 o'clock A. M., and was called to order by the President, Dr. V. Kersey. The minutes of last meeting were read and approved. The censors in their report recommend for membership Drs. Robert Clagget, M. W. Hobbs and J. H. McIntyre. The two latter gentlemen were duly elected members. The Society was informed of the quite sudden death of our late professional brother, Dr. Robert Clagget; also that the Profession of the city had taken public action in regard to the sad occurrence, and had paid proper respect to the memory of the deceased.

Dr. S. S. Boyd, who has been absent in the army some two years, was present, and was admitted as a member by virtue of his connection in time past with the Western Wayne Co. Medical Society.

On motion of Dr. Waring, the Society adjourned until 2 o'clock P. M.

At the opening of the afternoon session, Dr. V. Kersey presented the name of Edwin Hadly, M.D., as an applicant for membership. The regular report on Meteorology, from John Valentine, not being in readiness, the Secretary was requested to receive it and when finished, offer a copy of it to our city papers for publication; and file it with the papers of the Society as usual.

Dr. Haughton, Committee on Obstetrics being absent, his report was deferred until next meeting.

Dr. Tennis was appointed a Committee to report on this subject at our regular October meeting next year.

Dr. Hibberd read an essay on the management of puerperal women. The writer regards the abstract rules laid down by most Obstetrical authors, requiring the recumbent posture, and a diet of "slops" for a definite period as useless, and in many cases positively injurious. Dr. H. thinks the feelings and inclinations of the woman the most rational guide for the management of her confinement.

The subject of the essay was freely discussed, nearly all the

members present taking part therein. But one member endorsed in full the sentiments contained in the paper, while a majority admitted the correctness of the writer's views in regard to the diet of the puerperal woman, but dissented from his teachings in regard to the recumbent position, and one or two members expressed their willingness to follow the rules laid down in the Books.

On motion of Dr Harriman, the author of the paper was requested to offer a copy of it to the *Cincinnati Lancet and Observer* for publication.

Dr. S. S. Boyd was appointed Essayist for next meeting. Dr. Boyd reported a case of diphtheria, in which he resorted to tracheotomy, thereby apparently prolonging life some sixty hours, saving the little sufferer the great agony of suffocation, and offering it, as seemed to him, the only possible chance of recovery.

The discussion which followed elicited nothing different from what we understand to be the opinion of the profession at large, in regard to the propriety of the operation in those cases.

Correspondence.

Interesting Pathological Case.

EDITORS OF LANCET AND OBSERVER: While engaged at Camp Morton, Indianapolis, as Acting Assistant Surgeon I assisted at the *post mortem* of one of Dr. Thompson's cases, which was of great interest to me; and as I have seen no account of the case, I send you a copy of my notes made at the time, and hope some older and wiser head will give a reason for the pathological condition as it presented itself.

History.—Jas. M. Johnson, private, Co. H., First Arkansas Cavalry, having been admitted to hospital but a few days previous to his death, and being in a comatose state no previous history could be obtained. He presented the usual symptoms of double pneumonia, for which he was treated by Dr. T. Died March 29th, 1865, æt. about 30.

Sectio Cadaveris.—On opening the thorax, there was found old and very firm adhesions of pleura at the margin of *right* lung, which, when cut through, not being able to separate it by tearing, was discovered to connect with a hard flat body between the pleura-pulmonalis and pleura-costalis. This hard substance, eight inches in length and six inches in width, and from one-half to one line in thickness, was enclosed within a distinct false membrane which completely enveloped it. To the eye it presented the appearance of a bony formation, but as there was no connection between it and the ribs, and as bone is made only where there is other bone (periosteum,) the inference was that it was the result of an old adhesion, in which the watery portion of the effusion had been absorbed, leaving the residue to assume the form and shape it presented from compression. The pleura was firmly adhered to the false coverings of the bony substance. Right lung greatly engorged. On the pleura of left lung there was a deposition of lymph; effusion of serum into pleural cavity; recent adhesion of pleura. Left lung increased to thrice its usual size, grey hepitzation, pus in bronchi. Heart, serum in pericardium; fatty degeneration of right ventricle. The bony looking substance did not present any of the characteristics of bone proper after being placed in dilute acid; nor did it present the cancellated characteristics of bone, nor blood vessels, viewed through the microscope.

Were we right in our supposition?

G. W. GARVER.

Letter from Boston.

BOSTON, MASS., Sept. 7th, 1865.

MESSRS. EDITORS: The twenty-second annual report relating to the registry and return of births, marriages and deaths in Massachusetts for the year 1863, is a document of nearly two hundred and fifty pages, and contains, as usual, much valuable statistical matter. The editorial remarks and observations are from the pen of Dr. A. A. Gould. Owing to the disturbing influences of the war, the deductions from the returns are made under some disadvantages.

Births.—There were 30,314 children born alive; males, 15,691, females, 14,579. There were 903 still-births. Compared with the records of the previous year, the number of births is less by 1,961; and less than in 1861 by 5,131. Compared with the annual average for the five preceding years, the decrease is 4,423. Considering the population of the State, 1,250,000, we have only one birth to about forty-one persons, while the usual average has been one birth to thirty-four inhabitants, as about one birth to thirty-seven persons when still-born are included. The natural increase by births exceeding deaths has been reduced to 2,563, while in 1860 it amounted to 14,045. This reduction is considered temporary owing to war influences. Hence the excess of the birth-rate over the death-rate was only 205, or one per cent. In only two counties was there an increase of births. The decrease seems to have occurred indiscriminately, so far as large cities or farming districts are concerned.

The proportion of males to females born is a little less than 109 males to 100 females for the whole State; while in some Counties the proportion ranges from 104 to 109 males to 100 females. The rate is about one per cent. larger than the average proportion for the last eleven years. Among the still-born, the preponderance of males is below the average, the numbers being as 137 males to 100 females, the average for the eleven years being 148 to 100. On the other hand, among illegitimate births, the females are greatly in the ascendant, being 100 to 85 males, against the average for eleven years, which is 99 males to 100 females. The number of purely American children is 13,066, and of purely foreign parentage 14,540, being an excess of 1,474, which is 956 more than the excess of the previous year. The number of mixed parentage is 2,144, against 2,296 of the year before, a diminution of 152. The excess of purely foreign parentage occurs in the densely populated counties.

There were 303 cases of twins, and 5 cases of triplets, making in all 621 children born. Three of the cases of triplets occurred in foreigners and two in those of mixed parentage. Of the whole number, 42.20 per cent. were American, 50.08

were foreign, and 7.72 of mixed parentage. A little more than one case in ninety-seven was a plural birth. Of the 277 illegitimate births 52.7 per cent. were American, and 37.55 of foreign or mixed origin; and 9.75 per cent. not stated. More than 25 per cent. of these occurred in State Institutions. The number of still-births is 71 less than last year. The rate is about 2.32 to one hundred births. For the last six years the rate was 2.55. The average number of births daily was 83.

Marriages.—10,863 couples, or 21,746 persons were married, giving 141 marriages less than in 1862, and 1,631 less than in 1860. There was only one marriage to one hundred and fourteen persons, or at the rate per cent. of 8.77. This diminution was not unexpected, considering the absence of so many in the service of their country. The average number of daily marriages was 29.

The greatest number of marriages (3,430,) was celebrated in the fourth quarter of the year; the next greatest, (2,735,) in the second; the next (2,387,) in the first; and the least, (2,314,) in the third quarter. The largest number of marriages took place in November, as usual, and the smallest in March. The four predominant months were October, November, December and January, when 4,418 marriages were recorded. The least genial months were March, July, August and September, when only 2,781 nuptials were celebrated. In the last eight years, 11,397 marriages were returned in November, while only 5,119 were in March. As in the previous year there was a diminution of young men married. The decrease of males under the age of 35 was 207; also a decrease of 608 females under the age of 25; and an increase of 431 married between the ages of 25 and 30. The highest marriage rate is in Suffolk County (1.304.) This includes Boston. 94.12 per cent. of the number of bachelors selected maids, and only 5.88 per cent., or only one bachelor in seventeen, selected widows. This is a gain of one per cent. in favor of the widows, over the previous year. 403 widows out of 523 were between 25 and 35. Nine were under twenty years.

Of 9,568 spinsters, 12.39 per cent., or about one in eight, married widowers. 63.07 per cent. of the widowers married

maids, and 36.93 per cent., married widows. The statistics show that young widows were really at a premium. There was a marked increase of second marriages of females. One widow married a bachelor for her fourth husband; and one widower took a maid for his fifth wife.

A few more examples of conjugal singularities will suffice. One man of 81 celebrated his third marriage by uniting himself to a blooming widow of 65. Again a bachelor of 25 espoused a widow of 56, who had been married three times previously. A female of 47 was married for the fourth time; and another of 55 for the fifth time. A man of 35 was wedded for the fourth time; his last bride being a maid of 26. The youngest marriages were a lad of 18 to a miss of 14; and two misses of 14 to young men of 21; one lad of 17 and another of 18 married girls of 15. Three precocious lads were married at 16 to ladies of 18 and 21. Sixteen females under twenty-one married husbands younger than themselves. It appears that the foreign element has not made large inroads upon the American element. Since 1857, the percentage of strictly American marriages has been gradually rising, till it reached in 1862, 63.93 per cent.; while in 1862, it is 62.10. But the most noticeable fact, is the steady increase of mixed marriages for the last ten years.

Deaths.—The number of deaths registered for 1865, was 27,751. The still-born (903) are now included in this record. This is an increase over the previous year of 5,659. As no destructive epidemic prevailed, this increase must be owing to the war. The average annual death-rate for the last twelve years for 1852–63 was 52, while for 1863 it is 45, or seven less. The daily average number of deaths was 76, against 62 the preceding year.

In the order of fatality the months stand as follows: August, September, December, October, March, July, April, January, November; May, February, June. It is a singular fact, that the number of deaths of males predominates in nearly every County, over that of females; for all of the months, except November and October. The returns show the proportion of deaths to be 109 males to 100 females. This is

rather an unusual excess. During a period of eight previous years, 19.5 per cent. of all deaths took place the first year; and 37.6 per cent. within the first five years; and that in early life the deaths of males greatly predominate; while between the ages of 25 and 30, the contrary is the case. The average of deaths for 1863 was 30.1 years; the average of males was 29 years; the average of females was 31.5 years.

The proportion of Americans and foreigners deceased remains about the same as in 1862, namely, 83.84 per cent. of American birth, and 14.28 per cent. of foreign origin.

In the more populous towns the percentage of foreign deaths increased, while in all others it has diminished. The percentage of deaths among foreign females is larger than among American females. For the last ten years there has been a gradual but steady decrease of deaths of foreigners. The rate per cent. of deaths varied quite widely in different towns, ranging from less than one per cent. to 5.21 per cent.

Nine persons died aged one hundred years and upwards, Four were males and five females. Three were foreigners, and one was colored. All but two had been married. The oldest, a native of Ireland, is put down at 104. The two next in order, aged 103, were both born in this State.

Causes of Death.—There was an increase in the class of zymotic diseases, being 55 per cent. over those of the year 1862. The greatest increase is put down to diphtheria, being 5.08 per cent. against 2.85 the preceding year. Dysentery and diarrhoea have been more fatal. I will only name some of the leading causes, without much comment.

Diphtheria.—The total number is 1,420; males 673, females 747. Nearly one-half were under five years of age; and 74.93 per cent. were under ten. Nine deaths of persons between 70 and 80 are ascribed to this disease. December being the most fatal month.

Dysentery.—1,156 deaths occurred from this disease; males 609, females 545. This like diphtheria was more fatal in the rural towns.

Typhus Fever.—Number of deaths was 1,442, an increase of 307. Of these 60.75 per cent. were males and 39.18 females.

October was the most fatal month, and the greatest mortality was between the ages of 20 and 30.

Measles.—The mortality was only 141, against 369 in 1862. The Spring months were the most fatal. Three persons died between 60 and 70, and one over 70.

Scarlatina.—There has been an increase of deaths for the last four years. The number for 1863 was 1,399, being 138 more than the year before. The statistics show a greater prevalence of this disease over measles to a later period in youth, while measles extends to a later period in life.

Erysipelas.—91 males and 80 females, about the usual proportion, succumbed to this disease.

Croup.—Whole number of cases 864; males, 440, females, 424. This is an increase of 360. It was most rife in Suffolk County. The largest number died in December, 15.16 per cent., and the least in July, 3.70 per cent. 83.45 occurred under five years of age.

Consumption.—Number of deaths, 4,667; males, 2,206, females, 2,459. The order of fatality as to seasons stands, Spring, Winter, Autumn, Summer. This differs from the result of the last nine years. Between the ages of 20 and 40 we have 44.13 per cent. of the whole number from consumption. About 119 die in the Atlantic Counties where 100 die in the interior. The facts seem to indicate that tubercular consumption is mainly found before forty years of age. There are many interesting data in regard to the percentage of deaths of farmers from consumption. The conclusion is, that the farmer's life is not especially subject to tubercular disease, but is to a marked degree a protection from, as well as an alleviation or even remedy for it.

Pneumonia.—Whole number 1,724; males 940, females, 784. This is 6.17 per cent. of deaths from all causes; while the average for twenty-two years is 4.33 per cent. The largest number (260) took place in December, and the smallest (51) in August. The greatest fatality is under five. After thirty it increases till it arrives to its maximum, between 70 and 80. Between the ages of 10 and 15 the fatality is as low as .70 per cent.

Cholera Infantum.—Number of deaths 1,164; males, 625, females, 539. The crowded cities furnish the most victims. In Suffolk County there was one death for every 65 children, while in Berkshire it was 1 in 521. In two Counties *none* are recorded. 74 per cent. of the deaths occurred in August and September. 256 are recorded from teething. 248 were drowned, of whom 200 were males. Only one was killed by lightning. 28 were lost at sea. One was frozen to death. One from drinking cold water. Two from starvation. There were 67 suicides against 92 in 1862. Eight persons were shot during the draft riot in Boston. 61 deaths from railroad accidents, of which 56 were males and 5 females. Of 671 deaths from diarrhœa, 500 were males. Of 106 deaths from disease of the kidneys and bladder, 86 were males and only 20 were females.

There was a falling off in *Constitutional Diseases*, also in *Tubercular* and developmental diseases.

In general, the sthenic diseases, characterized by inflammation or fever, prevail more in the interior and elevated lands than on the seaboard; while those of an asthenic type are found in largest proportion in the lowland counties.

A few pages are devoted to war statistics; but nothing of very marked interest is recorded. At a later date these may be more satisfactory.

In an appendix to the report are published the laws concerning the registration of births, marriages and deaths. Also a statistical nosology adopted for the registration in the State.

For a person to fully appreciate a Report like this, it is quite essential that he should peruse all of its pages in detail, in order that he may understand all of the author's deductions from the elaborate tables.

B.

Letter from Richmond, Indiana.

RICHMOND, INDIANA, October 16th, 1865.

EDITORS LANCET AND OBSERVER :—The following letter from Dr. Bibbins explains itself. The facts set forth in it are of exceeding interest. I am not sure that every physician would

have had the courage, (if that is the proper word to use,) manifested by Prof. Cox, but no one will deny the value of the result obtained. If vaccine virus taken from a child while laboring under fully developed confluent small-pox, that presently proved fatal, does not produce anything but pure vaccinia when inserted into the cuticle of a healthy child, is it not the strongest testimony we have of the non-transmissibility of other diseases with the vaccine virus.

A priori we would suppose that variola would contaminate the virus of vaccinia, when the two diseases existed concurrently in the same individual, if it were susceptible of contamination by any co-existent disease, and yet this case proves, as far as one case can prove it, that there is no danger of this complication. But to the letter:

“53 LEXINGTON AVENUE, N. Y., Sept. 1st, 1865.

“DR. JAMES F. HIBBERD—*Dear Sir*: The written report of the case of concurrent small-pox and vaccination narrated at a meeting of one of the sections of the American Medical Association convened in Boston, which you requested, is here annexed.

“In the epidemic of small-pox which prevailed in this city during the winter of 1853-54, Susan K., aged five months, carried from an infected locality, was on the 17th of July, vaccinated at the Demilt Dispensary. Four and a half days afterward, on the evening of the 21st, the eruption of variola commenced, developing itself upon the patient, and progressed almost equally rapidly with two normal vaccine vesiculæ. On the 23d, in accordance with the application of the family, I, as visiting physician of the Infirmary, first visited the case. The variolous eruption was so abundant, and the symptoms were so acute, and the two diseases so coincident in their progress, that the mother expressed the belief that small-pox, instead of vaccine, matter had been used upon the infant. Notwithstanding reasons were assigned which should have proved to her the incorrectness of such impression, she ever firmly entertained her original opinion upon the subject.

January 25th, Dr. E. Lee Jones, Vaccine Physician of the

Dispensary, accompanied by two surgeons of the regular army, interested to see the co-existence of vaccinia and confluent variola, took lymph from one of the vesicles and transferred it to Dr. Henry E. Cox, Professor of the Theory and Practice of Medicine in the New York Medical College, and attending physician of the Emigrant's Hospital, Ward's Island. Patient died from the secondary fever on the first of February. The lymph, two or three days after its procurement, Prof. Cox, in the usual manner, inserted in a healthy infant at the above-named hospital, and awaited with very great interest, its development. The virus produced, not small-pox, not varioloid, but simply two vaccine vesicles.

"This case, as far as known, is unlike any other upon record, and any other within the knowlege of the profession in this city.

"Hoping essential particulars have not been omitted,

"I remain, respectfully yours, Wm. B. BIBBINS."

Reviews and Notices.

Lectures on Inflammation: Being the first course delivered before the College of Physicians of Philadelphia, under the Bequest of Dr. Mutter. By JOHN H. PACKARD, M.D., author of a "Manual of Minor Surgery," etc., etc. Philadelphia, J. P. Lippincott & Co. 1865.

ONE of the latest acts in the closing days of the life of Prof. Mutter—as long ago as 1858—was to complete his plan, whereby his extensive Pathological Museum was bequeathed to the College of Physicians of Philadelphia, together with a fund for its preservation and the establishment of a lectureship under their direction. After this series of years, the College has completed a suitable edifice for the Museum, with Lecture Room, etc. The first course of Lectures of the plan as agreed upon, has been delivered by Dr. Packard, who selected as his theme Inflammation. It is an old and hackneyed topic, but as the Lecturer truly states, "there is as yet no satisfactory theory in regard to this form of disease, and much of what has been written upon it is vague and inaccurate."

Dr. Packard does not bring to this course of Lectures any series of original experiments to illustrate his views, but there is given a very careful analysis of the opinions and teachings of the most reliable writers of the day. Amongst these he gives an important place to Virchow and Paget.

We have not had time to read these Lectures entire, but in a cursory sort of way have dipped into them here and there. One or two propositions, however, seem to express the direction of his argument, and give the scope or aim of the whole course. Thus he suggests that "inflammation is the response of a living tissue to a stimulus or irritation applied to it."

Again in the Second Lecture he enunciates the following propositions: "Inflammation," he says, "is always due to external influences; it is always and every where a state of disease; it is always and every where the same thing; and it consists essentially in a change of nutrition." The Lectures seem devoted to the elaboration of these theorems, and upon our superficial reading are well defined and sharp in their style and matter.

Researches on the Medical Properties and Applications of Nitrous Oxide, Protoxide of Nitrogen, or Laughing Gas: By GEORGE J. ZEIGLER, M.D., Physician to the Philadelphia Hospital, etc., etc. Revised and Republished from the Medical and Surgical Reporter. Philadelphia, J. P. Lippincott & Co. 1865.

The substance of the very neat little volume before us was originally contributed in papers for the *Medical and Surgical Reporter* of Philadelphia. It is a careful and interesting *resume* of the character and therapeutical value of Nitrous Oxide. The author, Dr. Zeigler, is thoroughly posted upon his subject, and has prepared a comprehensive essay upon all that is known of it. Dr. Zeigler is somewhat enthusiastic we fancy, in his opinions, and we fear over sanguine in some of his anticipations. For example, he says, "In view therefore, of its peculiar and valuable sanative properties, nitrous oxide promises to be a very efficient general substitute for some of the most potent and expensive remedial agents known, such as for instance, alcohol, ammonia, quassia, strychnia, mercury, and others, variously classified as diffusible and

permanent stimulants, tonics, antiperiodics, alteratives, etc.”
“Amongst those which it may thus more or less completely replace is that valuable remedy, *quinia*.”

Aside from the apparently extravagant ideas there is certainly much that seems very suggestive, and perhaps we shall yet find it amongst our neglected remedial measures.

For sale by Robert Clarke & Co. Price \$1.00.

The Practice of Medicine and Surgery Applied to the Diseases and Accidents Incident to Women: By W. M. H. BYFORD, A.M., M.D., Author of a Treatise on the Chronic Inflammation and Displacements of the Unimpregnated Uterus, and Professor of Obstetrics, etc., in the Chicago Medical College. Philadelphia, Lindsey & Blakiston. 1865.

It was our pleasure on a former occasion to make a notice commendatory of Prof. Byford's work on the Inflammation and Displacements of the Uterus. That work met with the decided approval of the Profession, and now we have already a second candidate for favor from the same author. In his very brief preface Dr. Byford states it to have been his object “to furnish the student and junior members of the profession a concise, yet sufficiently complete, practical, and reliable treatise to meet their wants in every-day practice.”

Dr. Byford has made the consideration of the accidents and diseases peculiar to women a profound study. His former work gave evidence of his belief in the doctrine of the local character of uterine diseases, as well as their reflex action upon the general system. And in this new book there is a particular fondness shown for this branch of the subject—the treatment locally of inflammation of the os and cervix uteri, calling for considerable of the minute and full directions of the author. Indeed, we think this one of the excellencies of Dr. Byford's plan of discussing all his topics—the individuality he gives to them—and his mode of expressing distinctly the careful details of treatment.

The volume before us contains thirty chapters, embracing the discussion of most all the diseases and accidents to which women are liable.

Several groups of accidents however, are considered with brevity—which, from the title we expected to find treated of

with prominence, but which are almost omitted. We allude to the surgical accidents of women, as recto-vaginal fistula; stricture of the cervix uteri; with some others. Dr. Byford does indeed allude to the operation of Sympson for slitting the cervix for the relief of dysmenorrhœa dependant upon stricture, but only incidentally, and not with that manner that would serve to particularly commend it to the practitioner. The recent improvements in the operation for recto-vaginal fistula are given in a condensed synopsis.

The style of Dr. Byford is agreeable, and there is interspersed sufficient of the personal experience of the author to render his book attractive to the general professional reader. We must say, however, that we are not so favorably impressed with this second book as with his first venture. It lacks, as we fancy much of the careful personal identity that was a feature of the other—and we have forced upon us the conviction that our author had in the present case descended from authorship to book-making. Despite these criticisms, however, which are by no means intended as unfriendly, we have furnished to us a good book, one which will serve as a safe and useful guide to the student and practitioner.

For sale by G. S. Blanchard. Price \$5.00.

Physician's Visiting List for 1866.

We have received this useful and indispensable companion of the practicing physician, published for so many years by Lindsay & Blakiston. There is no change in the plan so well known to the profession. The price is \$1.00, \$1.50, \$1.25, \$1.75, according to style and size. For sale by R. Clarke & Co.

Lyrics of Life: By ROBERT BROWNING,

Messrs. Ticknor & Fields, Boston, are publishing in cheap popular form a series of "Companion Poets for the People," of which this neatly printed and handsomely illustrated little flexible volume is one. The type, paper and illustrations of the little volume before us is taking. The verses of Robert Browning are familiar to lovers of English poetry. These "Companion Poets" sell for 50 cents each.

For sale by Robert Clarke & Co.

Editor's Table.

Army Medical Intelligence.—A recent order directs the immediate closing up of the Camp Dennison Hospital, under charge of Br.-Col. McDermont. Dr. McDermont is arranging to turn over patients still remaining to the Marine Hospital in this city.

Surgeon Glover Perrin, U.S.A., has been ordered on duty as Medical Officer at the Newport Barracks.

Br. Col. W. S. King, U.S.A., in addition to his duties as Superintendent of General Hospitals, is ordered to take charge of the Marine Hospital in this city, relieving Surgeon A. M. Speer, U.S.V., who is mustered out of service.

Surgeon A. M. Speer.—We are gratified to learn that this gentleman proposes to make Cincinnati his permanent residence.

Records of the Medical Department.—SURGEON-GENERAL BARNES has sent a communication to the Secretary of War, setting forth the perilous condition of the records, etc., in the Medical Department, which is situated in a building in no way fire proof, and by reason of its proximity to wooden buildings, liable at any moment to be burned up. Already the books and papers most valuable in a scientific point of view, and to the families of deceased soldiers, have accumulated, so that they occupy the entire story of a very large building. A proposition will be made in Congress immediately upon its organization, to construct fire-proof buildings for the State and War Departments, the latter to include suitable apartments for the Surgeon-General.—*Med. and Surg. Reporter.*

Medical School at Cairo.—We see it stated in some of our exchanges that Prof. J. N. McDowell, formerly of St. Louis, and long engaged in teaching Anatomy and Surgery, has turned up at Cairo, and proposes to establish a new medical school in that city.

"The King of Pain."—Quite an amusing farce has been performing in this city for some days past. Almost any day you may see driving through our principal thoroughfares, a long haired gentleman—a blanket poster placarded on his buggy announcing the King of Pain! He holds the reins over a stylish pair of black horses, and frequently has a contraband with him grinding a hand organ.

Occasionally the buggy throne of the King is preceded by a magnificent Brass Band, carriage and six horses. Of course everybody stops and takes note of the new quack; everybody laughs hugely at the absurd, but novel mode of catching gulls; everybody buys the liniment! And as this last is the main point of the "King's" efforts, what cares he for the laugh.

Delinquents.—It is a long time since we have made any allusion to pecuniary matters in this journal. Indeed, the promptness with which subscriptions are forwarded is so agreeable that we have had but little room for remarks—at any rate, by way of complaint. But as the year is drawing to a close, it is proper that we jog the memory of such as are still in arrears for the current or previous years. Expenses of printing do not abate in our favor. Paper continues at twenty-five cents a pound. We trust, therefore, that our friends will not wait for bills—a collector—or any further hint—but remit their dues at once.

Dr. C. E. Brown Sequard.—We regret to see that the ill health of this distinguished gentleman continues; so that he will not be able to give the anticipated course in the Medical Department of Harvard University. He had packed his baggage and furniture preparatory to a removal to this country, but a return of bad symptoms has indefinitely postponed his purpose.

The Ohio College of Dental Surgery.—The winter term of this well known Institution commences with the first of November. Already the Faculty are engaged in preliminary lectures and students are coming in. The prospect is that this School will enjoy an unusually prosperous term.

Bellevue Hospital, Medical College of New York.—The recent death of Prof. T. Childs has caused a vacancy in this prosperous School. We understand it will be temporarily filled by the transfer of Prof. Stephen Smith from the chair of Surgery to Anatomy, Prof. Hamilton assuming the duties of Prof. Smith in addition to teaching Military Surgery.

Cincinnati Academy of Medicine.—After an unusually protracted vacation for the heated term, the Academy has resumed its weekly sessions in the Lecture rooms of the Dental College. The first

regular Essay of the Fall term is published in the present number of the *Lancet and Observer*, an exceedingly carefully prepared paper by Prof. Bartholow. Regular reports of the discussions and cases will be continued as a feature of this journal.

Ohio Soldier's Home.—The Hospital buildings near Columbus--known heretofore as "Tripler Hospital," having been sometime since transferred to the State of Ohio as a Home for indigent and disabled soldiers--was formally opened on the 15th of last month, with appropriate speeches, etc. Gov. Anderson and Gen. Cox, Governor Elect, addressed the assembly. We learn that the Institution goes into operation with fifteen disabled soldiers as inmates.

Medical Teaching in Cincinnati.—The schools in this city are engaged in the preliminaries of the winter term; and before this reaches our readers the regular course of instruction will be in full progress. The *Miami Medical College* has been giving a regular course of preliminary Lectures, Clinics and Demonstrations during the month of October, and students have had daily opportunities of visiting the wards of Commercial Hospital. The Medical College of Ohio and the Cincinnati College have likewise been engaged in preliminary Lectures. We go to press too soon to give the exercises connected with the opening of the several schools, but will do so in our next number. The class at the Miami is already beyond the sanguine expectations of its Faculty, numbering now, October 20, about fifty matriculants. The class at the Ohio is about the same. We are not informed of the number in attendance at the Cincinnati College.

These indications of a large number of students in the city for the winter are exceedingly gratifying to those engaged in teaching medicine; and we think we are safe in saying, that considering the extensive clinical and other advantages of Cincinnati, few cities afford such attractions to students.

Dr. J. L. Riddle, who occupied the chair of Chemistry in the University of Louisiana, and in past years filled several important offices under the Government, died at New Orleans on the 8th ult., in his 60th year.

Returning.—Before the war we had a large subscription list in the Southern States. With the rebellion and the closing of Southern

postoffices and postal facilities, we were compelled to cut off at one time full one-third of our list. With returning peace we are every now and then gratified with the return to our books of an old familiar name. A short time ago we received a note of inquiry from a physician in East Tennessee, and upon forwarding his renewal of subscription, he says, "I deem your journal an indispensable to the country physician. I scarcely knew the value of it until deprived of it by the late rebellion. I have been a regular subscriber to the *Lancet* for twenty years."

The London Lancet.—The American edition of this standard Journal of Medicine has been for many years published by Mr. James Herald, of New York. We regret to notice his recent decease. For a number of years we have had constant and pleasant business correspondence with Mr. Herald, and we announce his death with emotions of sadness. The *Lancet* will be continued as heretofore by Mr. Wm. C. Herald, 32 Beekman Street, New York.

LITERARY PERIODICALS.—The time of year is rapidly approaching when our readers are making their clubs for periodical reading matter, or renewing old subscriptions. And we improve the occasion to make a note of some of the best monthly magazines of this country, as they suggest themselves from the pile of exchanges on our table. The following list we regard as all really excellent—most of them long and favorably known—and leading in their particular departments of literature.

Harper's Monthly Magazine.—The October number contains an important paper on Jefferson Davis by Gen. Jordan, and is attracting a great deal of attention. The November number closes the year. This our friends will do well to bear in mind. Price \$4.00 a year.

The Atlantic Monthly.—Ticknor & Fields, Boston—is one of the purest and most elevated monthly literary magazines of which we have any knowledge; and of which we take a great deal of American pride. Price \$4.00 a year.

Our Young Folks—Same Publishing House; is closing up its first volume after a most successful manner, and like one of its capital stories, is rapidly "winning its way" to a warm place in popular regard. Price \$2.00 a year, or the *Atlantic* and *Young Folks* for \$5.00.

Godey's Lady's Book.—L. A. Godey, Philadelphia. Has stood the test of woman's regard for nearly forty years! What more can

we say? As a true Lady's book we do not know of anything to compare with it. Price \$3.00 a year. Two copies for \$5.50. Four copies, \$10.00.

Homœopathic Soup.

Take a robin's leg,
Mind, the drumstick merely,
Put it in a tub,
Filled with water, nearly.

Set it out of doors,
In a place that's shady;
Let it stand a week,
(Three days for a lady.)

Put a spoonful in
To a five-quart kettle—
It should be of tin,
Or perhaps bell metal.

Fill the kettle up,
Put it on a boiling;
Skim the liquor well,
To prevent its oiling.

Let the liquor boil
Half an hour or longer—
(If 'tis for a man,
You may make it stronger.)

Should you now desire
That the soup be flavory,
Stir it once around
With a stalk of savory.

When the soup is done,
Set it by to jell it;
Then three times a day
Let the patient smell it.

If he chance to die,
Say 'twas Nature did it;
But should he get well,
Give the soup the credit.

Medical Department of the Army.—Major-General Sickles paid the following compliment in a public address to the medical department of the army:

“I can do no more than glance at the improvement of the medical department of the army; indeed I can only speak of any of the

great staff department so far as their operations passed under my own observation. The construction and organization of general hospitals, the ample arrangement for field hospitals, the liberal and various supplies for hospitals, the unstinted and judicious expenditures for scientific appliances, improved ambulances, hospital wagons, which are portable—apothecary shops—hospital cars, adapted expressly with spring-beds to carry the sick and wounded of the army over rail-roads; the humane use of chloroform, the liberal supply of stimulants; the extensive issue of quinine, one of the most expensive medicines, as a preventive—these are among the noticeable features of our improved administration of the medical service in the army."

Dr. Louis Bauer, of Brooklyn, N. Y., well known as an expert in Orthopædic Surgery, is expected in our midst about the middle of November, on a professional visit to the West. He has signified his intention to deliver a few lectures on joint diseases, and kindred subjects, to the profession of Cincinnati. We bring this to the notice of the profession, and special invitation will be given when the lectures are to take place.

Dr. Bauer visited this city several years since, and we remember with pleasure listening to one or more lectures from him then, on his favorite department of Surgery, and we presume the profession will again be glad to hear him and learn what he regards the most convenient and useful improvements in apparatus.

Died, in Middletown, Conn., suddenly, Sept. 26th, 1865, Prof. Chandler R. Gilman, of the College of Physicians and Surgeons of New York. At a meeting of the Central Medical Association, held at Middletown, Wednesday, Sept. 27th, resolutions of respect to his memory were adopted, and ordered to be published.

The following additional remarks are properly a continuation of the paper by Prof. Bartholow in the body of this number, and the reader will please take the whole as one connected article:

4. *Therapeutic Value of the Bromide of Potassium as an Alterant, compared with the Iodide.*—It has been assumed that the bromide exerts an alterant power corresponding to that unquestionably possessed by the iodide. This assumption is based, rather upon supposed chemical analogies, than upon actual experiment. I have shown in Section I. of this paper, that in its chemical relations, bromine is more nearly allied to chlorine than to iodine, and most probably, in its physiological relations, also.

Some satisfactory trials have been made under this head. No

therapeutic effect is more definitely established than the alterant action of the iodide of potassium in the tertiary forms of constitutional syphilis. If the bromide possesses analogous powers, they should be exhibited in this disease. The following cases will illustrate the comparative value of the two remedies.

Experiment 11.—This patient, a female, in the private practice of Dr. I. S. Dodge, of this city, had contracted syphilis from her husband, and suffered under tertiary deposits and ulcerations in almost every tissue of her body, so that her condition seemed to be almost hopeless. Having her under my care during the temporary absence of Dr. Dodge, I gave her full doses of the bromide of potassium. Little, if indeed any, improvement was manifest after some weeks of this treatment. Subsequently, her disease meanwhile having become much aggravated, Dr. Dodge put her upon full doses of the iodide of potassium, when she rapidly improved, the ulcerations healing, and the nodes and other deposits disappearing.

Experiment 12.—A man, aged 40 years, was admitted into St. John's Hospital with large nodes on the tibia and ulna. He had excruciating nocturnal pains, and his general health was much impaired. Six years ago he had had primary syphilis, and now bears the mark of a chancre on the glans penis. I prescribed sixty grains of the bromide of potassium, daily. This quantity he took for six days without the slightest benefit. His nocturnal pains continued unabated, and the nodular swellings increased rather than diminished. I then ordered forty grains of the iodide of potassium daily, which in forty-eight hours produced the most decided amelioration in his symptoms, relieving entirely the nocturnal pains and sensibly diminishing the periosteal inflammation. He is now rapidly recovering.

It thus appears quite evident that the bromide possesses none of the peculiar alterant property of the iodide. Whilst this fact is true, it is undoubtedly the case that the bromide relieves congestion of certain organs, diminishes their bulk, or, as it may be styled, produces resolution of an engorgement. Such action, apparently alterative or resolvent, is not really so. It has been exhibited mainly in certain states of the uterus and ovaries—states of hyperæmia dependant upon sexual excitement, or upon the monthly nîsus. The apparent resolvent power is, in this case, due to the sedative impression of the remedy upon the sexual organs and upon the vasa-motor nerves.

Whatever alterant effects may have been exhibited in respect to other organs, were produced by the sedation of the heart and the

vasa-motor nerves, secondary results of the impression upon the nervous centres. These effects are clearly distinguishable from those produced by the iodide, which manifests its peculiar powers without any recognizable disturbance of the secretions and excretions or of any other vital acts, of the organism. In many instances this action of the iodide nearly approaches specificity, and nothing analogous to it, is ever attained by the bromide.

Editorial Abstracts and Selections.

Prepared by W. B. FLETCHER, M D, Indianapolis, Ind.

Journals Received.—After three months vacation we return to the pleasures of home and the tedium of practice. One of the greatest delights to welcome us, is the pile of medical journals that has accumulated upon our table.

There they lie in mottled heaps, with covers grey, buff, brown, yellow and green, all swelling with a fullness of medical intelligence, and scientific advancement, records of peculiar cases, of new remedies, and letters from brethren across the water.

By the way, we wonder if it would be unbecoming for a medical journal to open a page to good humor and professional gossip. There is no profession that can better appreciate a joke, and we deem it a loss to mankind that so many good things, and so many titbits of fun should be lost, which daily come up in the general practice of medicine.

But the subject is *Journals Received*. The *Boston Medical and Surgical Journal* comes to us once a week, and is, we believe, the only medical weekly in the country.* It always has a good natural appearance, and contains some good medical intelligence. It represents all New England, and its neat, orderly style, compactness and intelligence, would convince any observer that it came from the hub of the universe.

The *New York Medical Journal* is a large monthly, printed on the best of paper and in the clearest of type. Its articles are from the best medical pens in our country, and is rich in reports of Medical and Scientific Societies throughout the great State and city of New York. New York gives the greatest advantage to a medical journal,

[*The *Medical and Surgical Reporter*, we hope, has not forgotten to visit your sanctum?—Eds. L. & O.]

filled as it is with large hospitals, numerous Medical Colleges, Pathological and Medical Societies, and a number of brilliant experimenters, all of which is good food for a good journal, and so far the New York Medical has been thriving.

The Buffalo Medical and Surgical Journal represents the medical interests of Western New York and the thriving city from which it is named. We delight in this journal from the fact that although small in appearance, it contains as much reading matter (which is well selected too,) as any journal on our table, and besides, its *edges are smoothly cut*.

The St. Louis Medical and Surgical Journal, a bi-monthly. An admirable journal it is, with its original communications and foreign correspondence, valuable translations, and interesting abstracts, Transactions of Societies and scientific department, it comprises one of the largest and most valuable medical periodicals in our country.

The Chicago Medical Examiner is a growing monthly, which collects medical intelligence for the northern and north-western part of the United States.

The Chicago Medical Journal shares with the *Examiner* the Addresses, Proceedings of Societies and Hospital Reports. In Original Communications it is also an equal. Why two medical journals exist in Chicago, and how they exist, is more than we can conjecture.

W. B. F.

PRACTICAL MEDICINE.

1. *Atropia and Morphia, Hypodermically Considered*.—Some interesting experiments have been carried on during the past two years, at the United States Hospital for Injuries of the Nervous System, to decide the merits of certain remedies for the relief of pain, by hypodermic injections.

After repeated trials of conia, atropia and daturia, by subdermal administration, they were abandoned, while morphia or some preparation of opium became a part of the every-day routine of practice.

In some cases morphia always caused distressing nausea, and sometimes vomiting, but the pain for which it was given was relieved.

In some cases the local annoyance produced by the injections, produced great tenderness in the part, and at others an abscess would be the result.

The point at which the injection should be given is not a matter of indifference. The best effects are produced by its application nearest the seat of pain.

Atropia destroys the unpleasant influences of morphia, without lessening its power to allay pain.

If atropia lessens or destroys the unpleasant influence of morphia on the cerebrum, but does not alter its power to allay pain, there seems no reason why we should not use them together so as to obtain all that is best from the morphia with the least amount of after discomfort.

We have certainly had good results from such a use of both drugs, in the form of suppositories, in cases of disease of the bladder or generative organs.

Again, it is sometimes desirable to use either drug in very full doses. This we may do quite fearlessly when assured of our ability to restrain its action by a full exhibition of its opponent.

The foregoing experiments and observations authorize us, we think, to draw the following conclusions as to the use or hypodermic injections, and as to the antagonism of atropia and morphia;—

1. Conia, atropia and daturia have no power to lessen pain when used subdermally.

2. Morphia thus used is of the utmost value to relieve pain, and is most potent in certain forms of neuralgia, the nearer it is applied to the seat of the suffering.

3. Morphia lowers the pulse slightly, or not at all; atropia usually lowers the pulse a few beats within ten minutes, and then raises it twenty or fifty beats within an hour. The pulse finally falls about the tenth hour below the normal number, and regains its healthy rate within twenty-four hours.

4. Morphia has no power to prevent atropia from thus influencing the pulse, so that, as regards the circulation, they do not counteract one another.

5. During the change of the pulse under atropia, the number of respirations is hardly altered at all.

6. As regards the eye, the two agents in question are mutually antagonistic, but atropia continues to act for a much longer time than morphia.

7. The cerebral symptoms caused by either drug are, to a great extent, capable of being overcome by the other, but owing to the different rates at which they move to affect the system, it is not easy to obtain a perfect balance of effects, and this is made the more difficult from the fact already mentioned, that atropia has the greater duration of toxic activity.

8. The dry mouth of atropia is not made less by the coincident or precedent use of morphia. Atropia does not constipate, and may even relax the bowels; morphia has a reverse tendency.

9. The nausea of morphia is not antagonized or prevented by atropia.

10. Both agents cause dysuria in certain cases, nor is the dysuria occasioned by the one agent relieved by the other.—*Amer. Journ. of Med. Sciences.*

2. *Chloroform Internally a Remedy for Congestion.*—A. P. MERRILL, M D., of New York, after noting the great fatality of congestion, and its causing much embarrassment, to correct diagnosis and

treatment, declares, "I have found chloroform thus given to be an effective remedy for chill of fever, which it is capable of subduing so completely as to prevent febrile reaction, and thus cut short the disease in its inception. Every physician will be able to appreciate the importance of this fact, and a large number of diseased conditions of a kindred character will occur to him which must derive benefit from the same treatment. In proportion as the disease depends upon congestion, may we expect them to be benefitted by chloroform internally, both by stomach and rectum."

The effects produced are different from those produced by inhalation, and are summed up as follows: It will equalize the circulation of the blood, improve respiration, relieve congestion of the skin, restore and compose the mental faculties, and produce quiet sleep.

Dr. Merrill gives chloroform in doses which appear astonishingly large. He gives from a fluid drachm to a half fluid ounce per hour, or a small teaspoonful, twelve to the ounce, as often as the restlessness or pain returns. He does not state in what vehicle the chloroform is administered.—*N. Y. Medical Journal* for October.

3. *Sudden Death from Pulmonary Embolia in Contusions and Fractures*.—A most interesting paper by Dr. Azam, Bordeaux, has been translated by J. R. Bauduy, M.D., for the *St. Louis Medical and Surgical Journal*. Its length is too great for a full insertion, and we must content ourselves by giving only the *resume*, which concludes the article.

I. Fractures and Contusions may result in sudden death in consequence of Pulmonary Embolia.

II. These embolia originate in a thrombosis of the veins, situated in the injured parts, which latter is generally due to the reabsorption of the effused blood.

III. The thrombosis or phlebitis which precedes them is latent. They seem to be more common than is generally supposed.

IV. The œdema of the limbs which so often follows convalescence from fractures may be attributable to them.

V. Exploration by means of the fingers along the course of the superficial or deep veins may detect their existence.

VI. Certain pulmonary accidents, such as dyspnœa, hæmoptysis, præcordial pain, syncope, etc., indications of the presence of an embolic clot of variable volume in the lung, may attract the attention of the surgeon to the phlebitis.

VII. In venous thrombosis, clots are more or less adherent; the degree of plasticity of the blood is in proportion to the firmness of these adherences. Now, fractured limbs condemned to repose are under unfavorable conditions of plasticity.

VIII. The general or partial movements accompanied with some effort on the part of the patients, and the application of compressing apparatuses may provoke the departure of the embolic clots.

IX. The surgeon ought to search whether, after the fifteenth day there exists in the regions affected by the fractures or contusions, or above them, any latent phthisis phlebitis.

X. In case the presence of a phlebitis is evident to him, repose, antiphlogistics and an alkaline treatment should be pursued.

XI. When in fractures or contusions pulmonary symptoms, indications of embolia, develop themselves, there is no other course to be pursued than repose and the treatment of the symptoms as they may arise.

4. *Action of Petroleum on the Human System.*—Landerer relates the case of a man who swallowed a quantity of petroleum; the greater part he vomited again. It caused a strong burning sensation in the tongue and throat, which were reddened and became swollen. The stomach and bowels were also affected, and slight gastro-enteritis ensued. For several days the urine and sweat smelt strongly of the oils, and the odor was especially strong under the arm-pits. The patient was very weak for a time, but recovered.—*Chem. Central Blatt.*

5. *Popular Remedies for Cholera.*—As there is a strong probability that we shall soon have another visitation of this terrible disease, it may be well to have at hand for use such remedies as are likely to afford relief in its early stages. For this purpose we publish a few which on trial have been found successful.

1. Tincture of opium, tincture of camphor, and spirits of turpentine, of each 3 drachms, oil of peppermint, 30 drops; mix. Dose: One teaspoonful in brandy and water for diarrhœa; one tablespoonful for cholera—Sir James Clark. Sir J. C. has denied that this formula is his; but it has generally been attributed to him. It proved one of the most effective and popular remedies in 1849.

2. Tinctures of catechu and kino, of each $\frac{1}{2}$ oz., tincture of opium, 2 drachms.—Dr. O'Donnell. Dose: One teaspoonful in brandy and water.

3. *Liverpool Preventive Powders.*—Bicarbonate of soda, 1 scruple, ginger, 8 grains, in a glass of water, after breakfast and supper.

4. Bicarbonate of soda, 12 grains, common salt and chlorate of potash, of each 6 grains; mix, and take in cold water.

5. Chalk mixture, 1 oz., aromatic confection, 10 to 15 grains, tincture of opium, 5 to 15 drops. To be taken every 3 or 4 hours until looseness ceases.—English Board of Health.

6. Pills.—Acetate of lead, 20 grains, opium 12 grains, in 12 pills; one every half hour until looseness ceases.—*Amer. Drugg's Circular.*

6. *Interesting Case of Leprosy in Bellevue Hospital.*—By FRANK KING, Member of the Class.—A patient, aged about twenty years, was admitted into the medical ward of Bellevue Hospital, in the fall of last year, suffering from leprosy, and shortly after was presented in the amphytheatre, to the medical class. He gave the following history: had been under treatment in several hospitals previous to being admitted into this; had recovered to a certain extent, but was again attacked. He was born in British Guiana, South America; his parents, as far as he was able to judge, were always perfectly healthy; they lived in a small hut, in a low, marshy, district; himself had always been in reasonably good health. When about ten

years of age he was vaccinated with virus taken from a negro woman, whose mother had suffered from this disease.

Appearance at the time of presentation : intellectual but listless, and with lack of animation ; pale emaciated, and appeared to take no interest in anything around him. His fingers and hands were distorted, and nearly destitute of nails, from previous attacks of the disease. The feet, or what remained of them, were exceedingly red, and had ulcers on the stubs of the meta-tarsal bones, for when first attacked the phalanges of the toes exfoliated by degrees, and were thrown off, till now he had only left about half of the meta-tarsal bones, and what is remarkable, this discharge of necrosed bone had occurred so often that the patient could foretell a considerable time, that there would be an exfoliation even though it had healed over. In this case the patient firmly believed his disease to have originated from the vaccine virus with which he was inoculated.

Leprosy is very frequently mentioned in the Bible as often occurring among the Jews ; (it is impossible for me to say whether this is of the description there mentioned or not,) but in later times we do not hear of many cases of it recorded. The cause of leprosy is a special poison, the nature of which is obscure ; unwholesome food, and irregularity in taking it, exposure to extremes, intemperance, want of sufficient exercise, and fresh air, are among its exciting causes. Congenital cases of this disease, some times occur, but they are exceedingly rare. Leprosy may often recover to a certain extent, sometimes spontaneously, sometimes with medical aid, but it is most commonly a disease which lasts during the natural life of the afflicted. It is often periodical, getting well in the summer, but breaking out again in the winter. I am unable to say that the case above recorded is of this description but as he was presented in December, with the disease in progress, it is probable that it belongs to periodical cases. The treatment is mostly hygienic ; proper food, taken with strict regularity, exercise in fresh air, cleanliness, and supporting medicines, constitute the staples of treatment.—*Buffalo Med. and Surg. Journ.*

7. *Treatment of Coryza.*—M. Luc, an Assistant Surgeon in the French army recommends the inhalation of tincture of iodine in nasal catarrh. "I inhaled tincture of iodine" says he "from a phial for one minute at a time, at intervals of about three minutes ; the heat of my hand was sufficient to promote the evaporation of the iodine ; the headache yielded first, sneezing became less frequent, the secretion less copious, and although the inhalation caused a burning sensation in the throat, I was cured at six o'clock P. M., of a cold which from nine A. M. to three P. M. had been sufficiently violent to compel me to use four pocket handkerchiefs."—*Dublin Med. Press.*

M. Luc. claims to have had equally good results in several other cases.

SURGICAL.

From the records of the Providence, R. I., Medical Association, we find the following interesting cases in the *Boston Medical and Surgical Journal*:

8. *Rupture of the Stomach by a Fall*.—Dr. Collins was called to see a boy who had fallen from a tree a distance of twelve feet. Although unconscious when taken up, an hour afterward he had recovered, and although there was a dislocation of one wrist, he constantly crowded both hands under the middle of his back. His knees were drawn up, face pale, pulse not strong, pupils dilated, and skin warm. There was much pain in the epigastrium, and frequent attempts at vomiting. The mind remained clear, the pulse failed, skin grew cold and moist, and in nine hours death came without pain.

Post-Mortem Examination.—On opening the abdomen, two or three quarts of yellowish fluid was found, in which was floating the undigested food of the last meal, which had escaped through a rupture in the stomach, situated anteriorly near the pyloric extremity. The rupture was two inches in length.—*Boston Med. and Surg. Journ.*

Dr. Collins reported the following cases:

9. *A Glass Pessary Remaining in the Vagina Fifteen Years*.—Dr. Collins exhibited a glass pessary which had been worn without removal for fifteen years.

It was introduced by Dr. L. L. Miller, of this city, in June, 1850, when the patient was upwards of sixty-five years old, and was removed by Dr. C. in July, 1865, when she was upwards of eighty.

The pessary was the usual circular perforated glass disc, two inches and three quarters across. Its presence, at the time of its removal, was producing much irritation, giving rise to a copious offensive discharge, with much disturbance of the bladder. The removal was attended with much difficulty and considerable suffering, owing to the atrophy of the parts from age.

It was effected after bringing the instrument to the outlet, by passing the finger into the rectum and expelling it by considerable force from above. The effect upon the surface of the glass, from long and continued subjection to the action of the secretions, was remarkable. The surface of the glass was irregularly covered by a whitish, chalky-looking substance, very difficult to remove. The action of strong nitric acid upon it caused effervescence, and effected its removal after washing and rubbing. After the removal of the deposit, the greater portion of the surface of the glass was found roughened, and in some places quite deeply corroded. What the peculiar product is, which is formed in this part of the female system, having the power of corroding glass, he leaves for the chemists to determine. The facts in the case were very apparent.—*Boston Med. and Surg. Journ.*

10. *Absence of the Vagina*.—This patient was a strong, well-formed

Irish domestic, 22 years old, who presented herself to Dr. C. for advice, for the reason that her menses had never appeared. Her health had never suffered further than that she had had, once a month, headache and some pain in the back and legs, which generally disappeared in a few days. Her age and general healthy appearance suggested the possibility of some defect in the organs themselves, and before prescribing for the case, an examination was deemed important. This revealed the fact of an entire absence of the vagina.

The external organs were rather small.

The bladder opened naturally. A small sulcus below the meatus marked the locality of the os externum, but beyond there was nothing to indicate any attempt at the formation of a canal; With a catheter introduced into the bladder, and the finger into the rectum, nothing could be felt except the rectal and vesical walls. It was thought that the womb could be felt per rectum, but there was no accumulation of menstrual fluid either in the womb, or in any pouch below it. The sexual inclinations were normal.

The case was one which did not appear to admit of any relief.—*Ibid.*

10. *Fibrous Tumor weighing half a pound removed from the breast of a girl of fourteen.*—The patient was a young colored girl of fourteen, of small stature, but fully developed. The tumor had existed for about three years, and had grown rapidly for some time previous to removal. It was situated above the left nipple, lying partially imbedded in the gland. It gave a distorted appearance to the chest, and a very uncomfortable sense of weight and dragging. It was very movable, and surrounded by condensed cellular tissue. It was removed by two transverse elliptical incisions. The wound healed by the first intention throughout.—*Ibid.*

11. *Prevention of Suppuration after Operations on Tumors.*—At a meeting of the Academy of Sciences, on November 28, M. Velpeau communicated a note from M. Petrequin, in which that surgeon advocated the application of tincture of iodine as a means of preventing suppuration after the removal of tumors, especially in situations such as the face and neck, where it is desirable to prevent the formation of cicatrices. Hitherto, M. Petrequin observed, iodine has been applied with the view of modifying the suppurative process; but M. Petrequin's object has been to prevent it altogether. He has, like M. Velpeau, many times observed that, in hydrocele, for instance, suppuration was less likely to follow the injection of tincture of iodine than of wine. He had never seen suppuration follow the injection of iodine into the parenchyma of organs, into glands, into the thyroid body, or into cavities; but, on the contrary, the formation of pus appears always to have been prevented.—*Amer. Druggist's Circular.*

12. *Acupressure.*—Dr. P. H. Watson, Lecturer on Surgery and Surgeon to the Royal Infirmary and Chalmers' Hospital, Edinburgh, has published (*Ed. Med. Journ.*, July, 1865,) an interesting paper on

this subject, in which he relates nine cases where he has employed this hæmostatic measure, and discusses the questions—1st, as to its safety; 2d, its utility and application as contrasted with ligature and other hæmostatics; 3d, the prospect it affords of expediting the process of healing by the first intention.

The following are his conclusions:

1. Acupressure may be employed as a hæmostatic agency in the instance of vessels as large as the posterior tibials without risk, so far as bleeding, immediate, consecutive, or secondary, is concerned.

2. Acupressure is easy of application, while its adaptation to situation and circumstances is as great, or it may even be greater than that of the ligature.

3. Acupressure is more trustworthy and satisfactory than either torsion, compression, or the use of the cautery.

4. Where primary union can take place, acupressure is likely to favor its occurrence; and, in three of the cases described, seemed of material service in this respect.

5. In the cases described, where suppuration or sloughing occurred this was altogether independent of the use of acupressure, or the absence of the employment of the ligature, and referable to causes inherent in the individual cases.

6. In my opinion, the employment of acupressure in one or other of the methods suggested by Prof. Simpson is safe, satisfactory, and well worthy of an extended trial.—*Amer. Journ. of Med. Sciences.*

OBSTETRICAL.

13. *Rupture of the Abdominal Parietes and Issue of a Living Child.*—Dr. Geissler relates the following extraordinary case: A woman was found in a stable trodden under foot by a bull, and at the point of death. The horn of the animal had passed under the edges of the ribs in the right hypochondrium, and had torn the parietes in nearly a transverse direction as far as the left side. The intestines were torn and extruded, and the upper part of the uterus was carried clean away, with the exception of a portion on the right side to which the placenta was still attached. The os uteri was closed. A full-timed, strong male child was in this way liberated uninjured from the womb, and screamed loudly. The funis was twisted several times round the neck, a piece of torn placenta remaining attached to it.—*Med. Times and Gaz.*, Sept. 2, 1865, from *Monatsch. fur Geburt.*

14. *Amenorrhœa and Dysmenorrhœa.*—The absence or the difficulty of menstruation are not invariably connected with a disordered state of the constitution, such as plethora, chlorosis, tubercular disease, etc. It would, therefore, be an error to suppose that in every case of amenorrhœa or dysmenorrhœa the usual emmenagogues are appropriate, as these conditions may occasionally be traced to imperfect development of the uterine organs.

It is unnecessary to dwell on that variety of retention of the catamenial discharge which is due to mechanical obstructions; in

this case ovulation is regularly performed, and the blood, which at stated intervals accumulates within the womb, is merely prevented from escaping by obliteration of the uterine orifice, or the absence of atresia of the vagina or vulva. But, in some instances, the health of the patient is in every respect satisfactory, and yet the amenorrhœa is entire, and no periodical phenomena indicate the least tendency to the physiological congestion of the uterine apparatus. If the practitioner is consulted under such circumstances, as is the expediency of marriage, he should avoid expressing a decided opinion until he has carefully and minutely examined the organs of generation. Apparently flourishing health is perfectly compatible with local malformations, which must prove an insuperable bar to the accomplishment of the purpose of marriage. Mr. Raciborski relates a case in point in the *Gazette des Hôpitaux* (March, 1865)

A match of the most unexceptionable kind offered for a young lady aged eighteen, who presented all the attributes of health, but had never menstruated. The young lady's mother, preoccupied by the fact of the absence of the menses, consulted Mr. Raciborski on the subject, and insisted on a decided answer. This gentleman explained that he could not pronounce in so delicate a matter, except after complete investigation of the organs; and the following was the result of his examination:—

The aspect of the external organs was natural; the meatus occupied its usual situation, but no other aperture was discernible, and the orifice of the vagina was entirely closed, the fundus of the vulva presenting merely a flat mucous surface similar to that of the adjacent parts. On palpation, no fluctuation or indication of a cavity could be detected beneath this surface, neither was any tumor present in the hypogastric region such as might be formed by the womb distended by menstrual secretions. A metallic catheter was inserted into the bladder, and one finger having at the same time been passed up into the rectum, an interval of five lines was found to exist between these organs. In the situation usually occupied by the cervix, a substance was felt through the walls of the rectum, analogous in consistency and shape to the os tinæ; but it was impossible to discover above any trace of the body of the uterus. Mr. Raciborski concluded from these data that the womb was in an undeveloped state, and unsupplied with a cavity. Conceding that the ovaries might be present, a surmise confirmed by the large size of the mammary glands, it yet appeared obvious to Mr. Raciborski that no marriage could be permitted in this case, and that no operation was practicable to remedy the malformation.

Cases of this description require to be conducted with the tact displayed by Mr. Raciborski. Careful inspection is indispensable in all instances; if the deformity is irremediable, the practitioner should not hesitate to interdict contemplated marriage. If, on the contrary, no malformation can be discovered mere amenorrhœa may be removed by connubial intercourse. Any projected union should, however, be deferred in order to inquire further into the case, and decide on what medical or surgical measures may possibly be required.

The late lamented Dr. Aran often dwelt in his lectures on the necessity of direct inspection of the organs in every case of amenorrhœa, and also in dysmenorrhœa in which the disease is not unfrequently referable to some local physical cause. This form, which he denominated *dysmenorrhœe physique*, is more common than many practitioners would be inclined to admit and an instance in point has been recently related in the *Bulletin de Therapeutique*, by Mr. Tillaux, surgeon of the Hospitals of Paris.

His patient was an unmarried lady, aged twenty-six, who, since the early age of nine years, had suffered at each menstrual period excruciating pain, which resisted every effort of treatment. Every month this poor lady underwent perfect torture for one day, experienced very great pain for three days, and felt merely uncomfortable for a week. Her sufferings returned suddenly on the first appearance of the menses, and ceased in the same manner at the close of each period. These circumstances, combined with the invariable return of the same symptoms, suggested the idea of the existence of a contraction of the cervix uteri. An unsuccessful attempt to introduce a probe through the superior orifice of the cervical channel confirmed this view, and it became obvious that dilation was the only remedy which might reasonably be proposed for the removal of the mechanical cause of the dysmenorrhœa. On the 14th of December, 1864, Mr. Tillaux inserted into the cervix a small cone of prepared sponge secured with a thread. The sponge was allowed to remain *in situ* for six hours, when the patient experienced such severe pain that it was withdrawn. A small quantity of sanguineous fluid oozed out, and the pain entirely subsided. On the 18th, a twig of *laminaria digitata* was introduced and was retained all day without suffering. On the 24th and 29th the prepared sponge was again resorted to, and was permitted to remain for five hours; no pain followed the operation, after which, on each occasion, the patient was placed in a bath. On the 2nd of January, 1865, the menses appeared suddenly and were unattended with the customary distress. Since that date, the catamenia have twice returned, and lasted four days; all spasmodic suffering has ceased.

In this case it is satisfactory to remark the good effects of mere dilation, catheterism of the womb, performed for the purpose of enlarging the upper cervical orifice, not being always unattended with risk.—*Journ. of Prac. Med. and Surg.*

15. *The Sickness of Pregnancy*—We know of no more distressing complaint than the nausea and vomiting of pregnancy—and, although, so many “specifics” have been recommended without benefit, yet we always try them as fast as brought to our notice, in the hope that one will really be found. Hence we insert the following, by Dr. Cassells, from the *Lancet*:

“In the morning, an hour before rising, let the patient drink about three ounces of very strong decoction of coffee, and during the day the food must be liquid, taken in small quantities, and often. If this fails, try in conjunction five drops of tincture of iodine in a

teaspoonful of cold water every two hours—highly lauded by Dr. Churchill, I think, at least if my memory serves me; so Dr. J. G. Wilson, of Glasgow, told me, when recommending its use in a case which resisted every other mode of treatment, but was cured at once by a few doses.

Should everything fail to give relief, and all food taken be instantly rejected, what can be done? Nutrient enemata, very concentrated and frequently used, afford the only chance of quieting the irritable stomach. Such a plan may be used for many weeks, and in my hands has never failed to soothe the irritable stomach and continual nausea. After a period of from three or four days to as many weeks, food may again be very cautiously partaken of, and will in the majority of cases be retained without any troublesome symptoms. I have followed the latter plan of treatment in three or four extreme cases, and had no cause to regret doing so, the patients and children not having suffered any injury; while I am positive one patient at least would have died had she not been kept up by the enemata alone for sixteen days, nothing but a small quantity of ice being swallowed during that time. —*Med. and Surg. Reporter.*

16. *Influence of Uterine Displacements on the Sterile Condition.*—Dr. J. Marion Sims, at the late meeting of the British Medical Association, said that we were all interested in the subject of sterility, when we remembered the fact that every eighth marriage was sterile. He did not propose then to give us a complete paper on the subject, but only to present it in one of its relations, viz., that of its dependence upon misplacements of the uterus. He divided his sterile patients into two classes: 1st. Those who were married a sufficient length of time and did not conceive; 2d. Those who had borne children, but for some reason ceased to do so long before the termination of the child-bearing period. The first he called “natural sterility;” the second, “acquired sterility.”

To show the frequency of uterine displacements in this relation, he said that of 250 cases of “natural sterility” that had fallen under his observation, 103 had anteversion, and 68 retroversion; and of 255 cases of “acquired sterility, 61 had anteversion, and 111 retroversion, the anteversions predominating in the first class, the retroversions in the second, the two opposite displacements being almost in inverse proportion in the two classes and forming about two thirds of the whole number, being 343 out of 505 cases; which proved beyond question the bearing and importance of these displacements in connection with the sterile condition. He then illustrated by diagrams the normal position and relations of the uterus, explained the various causes and complications of anteversion, whether dependent upon fibroid tumors, elongation of the infra or supra-vaginal cervix, shortening of the utero-sacral ligaments, or hypertrophy of the fundus. In all these cases, he said, we could not do much for the relief of the sterile condition by merely mechanical means; that our efforts should be directed to seeing that the os tincæ was properly open, that the canal of the cervix was free from engorgement, and that the secre-

tions, both vaginal and cervical, were not poisonous to the spermatozoa. He said that there was one form of anteversion that was easily cured by a simple and novel operation, which he originated some eight or nine years ago. He illustrated this by cases and diagrams. It was as follows: The uterus lies down on the anterior wall of the vagina, and parallel with it. The fundus is most usually the seat of a fibroid growing anteriorly. The anterior wall of the vagina is greatly elongated, the os tincæ pointing directly backwards. Under these circumstances he has shortened the anterior wall of the vagina an inch and a half, by denuding a surface a half inch wide and two inches long across the axis of the vagina in juxtaposition with the cervix uteri, and making a similar transverse scarification parallel with the first, about an inch and a half, more or less, anteriorly to it, and then uniting these two transverse cut surfaces by silver sutures, just as we would unite the edges of a transverse vesico-vaginal fistula by them. This necessarily shortens the elongated anterior wall of the vagina, draws the cervix forwards into its normal relations, and as a consequence elevates the fundus. He related several successful cases of this operation, and had seen it followed by conception and child-bearing. He then passed to the consideration of retroversion as influencing the sterile condition, pointed out its varieties and anomalies, and showed how it was to be diagnosed and how replaced. By diagrams, he illustrated various modes of reduction, showed how conception was difficult, and sometimes impossible, in some forms of retroversion, advocated mechanical treatment, pointed out the dangers of pessaries, but advocated their use when judiciously applied under proper circumstances. He prefers a malleable ring, either of block tin or a ring of copper wire covered with gutta percha, and then bent or curved to the proper diameters of the vagina of each patient. He said this was a modification of Hodge's pessary. Under some circumstances he also uses Meigs's ring pessary, made of watch-spring covered with gutta percha. He pointed out the peculiar advantages of each of these, and paid a just tribute to his countrymen, Drs. Hodge and Meigs, who were the earliest advocates of the mechanical treatment of uterine displacements. He said that the great secret of treating the sterile condition when dependent upon retroversion was to adjust a malleable ring which would hold the uterus in its normal position, and which was to be worn always during the act of coition. He explained its philosophy, its efficiency, its safety, and its harmlessness, and related a great many cases in which its use had been followed by conception: one after a sterile marriage of six years, another of ten years, another of fifteen years, and others at various periods of time after sterile marriages. He also showed how miscarriages, often dependent upon this displacement, are prevented by the use of a properly fitted malleable pessary. He then pointed out the course to be adopted when it was impossible for the patient to wear a pessary, showing why it was so, and what was to be done.—*Med. Times and Gaz.*, Aug. 19, 1865.

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ARTICLE I.

How long should a Puerperal Woman Remain Recumbent, and What
Should she Eat?

BY JAMES F. HIBBERD, M.D., RICHMOND, IND.

[Read before the Wayne Co. (Ind.,) Medical Society, and after full discussion, wherein much diversity of opinion was manifested, the paper was ordered to be presented to the Cincinnati Lancet and Observer for publication.]

I HAVE long had some doubt whether the regimen prescribed by our modern text-books for women in child-bed after ordinary uncomplicated labor, was that which is best suited to their condition, and most conducive to their early restoration to their common standard of health.

At this time, however, in fulfilling my duty as essayist, I propose to inquire into the teachings in relation to recumbency and diet only, of the puerperal state. And to the end that the drift of my remarks may be more clearly apprehended, I will state

1st. That I believe the duration of the period of recumbency prescribed by the several obstetric authors for puerperal women is, for the most part, a mere assumption, announced as it were *ex cathedra*, and not founded on any teachings of science, nor warranted by correct observation; and

2nd. That the diet recommended by modern obstetric authors for puerpera women is unnatural and unscientific,—as a general rule injudicious, and in many instances mischievous.

Let me now present what the most recent American author says on these points. I quote from Hodges' "Principles and

Practice of Obstetrics" pp. 108-9: "The *diet* of the woman should always be 'low,' that is, of simple, farinaceous articles, neither hot nor cold, as the former might prove too exciting, while cold drinks might cause intestinal or uterine pain. The objections to a full diet are the predisposition to inordinate reaction, which might result not only in 'milk fever' and mammary inflammations, but also in the more severe forms of ovarian or peritoneal inflammation, etc." "The patient should be kept constantly in the recumbent *position*, not being allowed to sit up even when the bowels or bladder are emptied. The necessity for this rule is, we think, urgent, as there is danger of producing weakness or syncope from exertion, and occasionally of re-exciting uterine hæmorrhage. Moreover, the uterus being large and heavy, and the ligaments elongated, there is danger of its premature descent to the lower parts of the pelvis; and if there be any predisposition to inflammation, it will be greatly aggravated by every muscular effort. It is customary with most practitioners here and elsewhere, to allow patients to sit up after the eighth or tenth day, and soon after to commence walking. We are confident, however, that it is advisable to maintain the recumbent position almost constantly for about four weeks, and at the same time to avoid all straining efforts at stool, etc. This rule is founded on the facts already mentioned, that the uterus does not recover its natural size nor its ligaments their normal length and tonicity until four to six weeks after confinement. Hence, if premature muscular effort be made prior to this period, there is great danger of causing prolapsus, retroversion, or some other displacement of the organ, which often embitters life for many years; perhaps most women date the origin of their troubles in this respect from one of their labors. On the contrary, if they remain quiet, the natural disposition of the ligaments to contract after delivery may prevent these unfortunate accidents."

The foregoing is from the latest American author, whose book was published in 1864. Now, before indulging in any comments, and by way of comparison, let me introduce a quotation from the first American author in Obstetrics, Samuel

Bard, M.D., L.L.D., who published "A Compendium of the Theory and Practice of Midwifery" in 1817. He opens his fifth chapter in these words: "Among savages and half civilized nations, women make little or no change in their general conduct in consequence of child-birth, but return to their usual occupations almost immediately after delivery. Even among us, the more hardy individuals of the laboring women submit to a very short confinement; nor is it now so general among the higher classes of society, to be confined to bed for eight or ten days, and to be restricted to a particular regimen for a much longer time, as it formerly was. I believe, in so doing, they are approaching to a wiser and more natural conduct." Then, after declaring that, nevertheless, the puerperal woman requires some special attention, he says: "This attention must always be in proportion to the former habits of the woman, as well as to her general health and strength, and to the fatigue and distress she has undergone in her labor." He requires that she shall not "rise to an erect posture immediately after even the most favorable labor" and adds, "after one or two days, women should rise from their beds, and sit up for a longer or shorter time every day, according to their strength and inclination."

In regard to diet, Bard says that some practitioners "under the idea of the weakened state of their patients, have ordered a warm, cordial, stimulating diet; whilst others from apprehension of fever, have restricted them to one that is very low and abstemious. But all general rules on this subject, except that the diet should be temperate, are liable to error. In ordinary cases, common food, avoiding gross meats and spirituous liquors, may be moderately indulged in;" and "whenever it can be procured, good ripe fruit may be taken freely."

The regimen inculcated by these two men, each pre-eminent in his day, is widely separated, and in strong contrast, and I am free to say that, to my mind, the fifty years progress from Bard to Hodge has been an "advance backwards." The former looks at his patients as individuals and treats each according to her previous habits, present condition, instinctive desires, and sense of ability; the latter makes a grand class of

all he attends and treats them by a common rule, regardless of their former habits and present condition, totally ignoring their rational wants and instinctive desires, and heedless of their sense of ability. Unhesitatingly let us suppress the teachings of the last American, who speaks to us to-day, and in their stead revive the doctrines of the first American, whose words come to us from the depths of fifty years in the past. Hodge writes as if he were the inhabitant of a closet, and had only a distant and hypothetical view of the condition and requirements of the occupant of the lying-in chamber; while Bard talks like one standing by the bedside of his patients, giving clinical instruction from personal observation and experience. However this may be, any practical accoucheur will see at a glance that Bard is telling of things that any one may witness, and is giving instructions that can be practically carried out; while on the contrary Hodge is portraying cases that he nor any one else has demonstrated to exist, and laying down rules that no practitioner in this longitude has sufficient influence to enforce, even if he were convinced of their propriety. Suppose a woman in firm health and good condition falls into labor, and without delay, or more than ordinary suffering, is delivered of her child. After resting two or three days, she feels able, and doubtlessly is as able as she ever will be, to get up. Now if she be a woman of good sense and vigorous will, I do not believe there is a doctor in Christendom, outside of Philadelphia, without it is Hodge, whose advice would keep her in bed for four weeks, and if there is one in that city who could, and would, keep her thus confined, it would be better for the woman if he were otherwise engaged when she sent for him.

Hodge asserts that the necessity for low diet for the puerperal woman lies in the fact that there is a "predisposition to inordinate reaction" which a full diet might develop into serious inflammation. Upon what testimony does the existence of this "predisposition to inordinate reaction" rest? There is no "inordinate reaction" in poor women who can not afford other than common food, have no special nurse, nor time to lie long in bed. Then why should the "predisposi-

tion " pertain to those who can afford these things? Before a "predisposition to inordinate reaction" can be taken as the basis of management, its existence must, in some way, be shown, simple assertion of its existence should not be sufficient for that purpose.

And, furthermore, the food must not be hot because it "might prove too exciting," nor must the patient have cold drinks lest they "might cause intestinal or uterine pain." We must suppose the author to mean by "hot" and "cold" the temperature of ordinary food and drink; and if so, I must again insist upon some evidence that they are thus mischievous. The expressed fear that they "might" excite, or cause pain, should not control rational people who reason for themselves from every day's experience.

To me it looks as if the diet had been determined upon by some intangible rule or personal whim, and the explanation of the necessity of such diet invented after the practice was established. Possibly the author had an exceptional case where a woman took a plate of hot slop made of some "simple farinaceous article" and presently became excited; or another who took a drink of cold water, followed in due time by a twinge in the bowels or a contraction of the uterus; and in a fit of abstraction, or false reasoning, he allows these two cases to dictate a rule, regardless of the two hundred cases around him, which have taken hot food and cold drinks without evil consequences, and should, by force of numbers, be allowed to establish the line of treatment.

If the modern advances in the study of the physiology of digestion have established anything it is that the natural appetite and instinctive desire of an individual are of higher importance in determining a suitable diet for such individual than the most refined science that ignores this source of information. There is nothing in the condition of a woman in child-bed, that I am aware of, that should deprive her of the benefit of having her diet list made out, or modified, by the demands of her appetite, and the preferences of a discriminating palate.

A woman at term goes about, doing her usual household

duties, feeling well, and eating ordinary food with the others of her family. In the afternoon she feels some pain, but takes tea as usual. The pains increase, and before morning she is delivered of a child, after a normal labor. She takes a nap, and when the morning meal-time comes she does not feel like getting up, but she does feel like having some breakfast of the same kind of food she is accustomed to, but probably not so much of it. Pray what is there in her condition, present or prospective, to forbid her to have some toast, a cup of coffee, and a bit of steak with potato? Nothing, I trow, but the fact that her doctor and her nurse have long been in the habit, without rhyme or reason, of restricting the diet of women in her situation to panada, gruel, or some similar slops. Do I hear some one say that many women prefer these latter articles to the former? I venture to reply that wherever a woman manifests such a preference, it is the result of the teachings of her wrong headed attendants, and never of her natural desires.

I suppose it would be a work of supererrogation for me, at this day, to enter into a formal argument to show that the common mixed diet of every-day life is more digestible, more easily assimilated, and generally better adapted to meet the wants of the system than the "low" diet, consisting of slops made of "simple farinaceous articles," and similar liquid preparations prescribed by our text-books for puerperal women who "are doing as well as could be expected."

Hodge is the advocate of the extremest recumbency. He complains that most practitioners allow their patients to rise in eight or ten days, while he is sure they ought to be kept down four weeks. It seems incomprehensible that a sensible Obstetrician of forty years experience should lay down such a rule as this with no more satisfactory foundation than Hodge advances. "The uterus does not recover its natural size, nor the ligaments their normal length and tonicity until four to six weeks after confinement."

Then, my dear sir, you ought, according to your own theory, to keep your puerperal women in bed for the full measure of six weeks and not stop at the modicum of four weeks. You

declare four weeks to be the shortest period in which any woman's reproductive organs are restored to a normal condition after parturition, the time extending from this to six weeks, nearly all women, of course, being unrestored for more than four weeks; and yet you permit all women to abandon a recumbency at four weeks which you assert to be necessary to be maintained until full restoration. Do you not thereby become responsible for the "prolapsus, retroversion, or some other displacement of the organ" of those whose wombs, etc., do not become restored for more than four weeks? Your theory and practice do not correspond. You are inconsistent with yourself and, therefore, in these premises, not a safe monitor.

Hodge presents us with no statistics, no facts, no experience, no arguments, to sustain his declaration that "if premature muscular efforts be made prior to this period" (*i. e.*, four to six weeks), "there is great danger of causing prolapsus, retroversion, or some other displacement of the organ," he only says it is so. I do not believe the position tenable.

The size of the uterus is such immediately after delivery that it is not dependent upon its ligaments to sustain it above the superior pelvic strait, its diameter is too great to permit to pass without other force than its own weight. Cazeaux says it is seven inches in diameter and Churchill gives it "about the size of the foetal head." No accurate measurements have been made that I am apprized of, but I presume it is within the experience of all accoucheurs that the uterus feels, through the abdominal walls, as if too large to be in any danger of passing through the strait, and as we never witness such a mishap in women whom accident or necessity has brought to their feet at such a time, we may safely conclude that the danger from this source is one of the refined phantoms of highly artificial Obstetricians.

If prolapsus could not take place, certainly we need not fear "retroversion;" and what Hodge means by 'some other displacement of the organ' I do not know, but imagine he did not mean anything, except to round up a sentence.

If we were to judge of the value of a practice by the con-

dition of those who are its subjects, there could be but little question whether the early rising from the puerperal bed were not better than long recumbency, for it is quite apparent that poor women whose necessities take them from their beds almost immediately after confinement, are much less sufferers from the ills that Hodge enumerates than the affluent and luxurious, who are able and willing, to a greater or less extent, to carry out the injunction to remain quiet and recumbent for four weeks ; but the inference to be drawn from this comparison would not be just, for the former class of women, in their mode of living and exercise, are undoubtedly better prepared to bear the trials of parturition, and recuperate sooner from its disturbing influences than the latter class.

Nevertheless, if a woman is fed on slops insufficient for her nutrition when she has appetite for proper food, and is kept for weeks horizontal after she is able and willing to be up and take exercise, I believe she will be the victim of that general ill health and local disorder that Hodge prescribes these measures to prevent. In other words, the regimen prescribed for puerperal women by Hodge, if literally carried out, will, in my judgment, cause the very difficulties he is endeavoring to avoid. And this judgment rests upon the fact that those women who, in the puerperal state, are least observant of these extreme artificial rules, are the most healthy, and suffer least from child-bearing.

Moreover, it is altogether more consonant with the present state of physiological, pathological, and therapeutical knowledge that this should be the case. Simplicity and naturalness are becoming more and more the rule in all departments of medicine, why should the regimen of puerperal women be the sole exception to this better state of things? In all other branches of Obstetrics we are making advances; getting clearer views of the mechanism of labor, learning wisely to do nothing during parturition when nature is competent to do all. In this relation it has become an axiom that "meddlesome midwifery is bad;" let us carry the idea involved in this expression beyond the hour of labor and make it applicable to the post-parturient period where we appear to be becoming

more and more "meddlesome" without anything to justify it.

Mr. Ferguson in a recent clinical lecture on surgical operations (*Medical News* and *Library* Oct. 1895.) when speaking of after treatment, says, "some fancy that the perfection of treatment is to keep the patient low; others that a rather stimulating course should be followed, particularly if the patients condition is not satisfactory. For my own part, I strongly advocate giving nature much of her own way here also." And a little further on again, "the less medicine the better; and experience has convinced me that the nearer a patient is kept to what may be considered his natural style of living, the less will be the shock from the operation, and the more rapid will be his recovery." No one doubts the value of this advice in surgery, and I believe the principle can be applied to midwifery with even more force than surgery.

It must not be understood that Hodge has been selected for criticism because he is more amenable to animadversion than any other modern writer on obstetrics, he, certainly, advocates a longer recumbency than any author I have consulted, but it was not on that account his teachings were selected for the foundation of my essay, but because his book was the last one presented to us, and it is conceded on all hands to be among the best, if not the most excellent, work on obstetrics extant. In the matter of diet, Hodge is not nearly so precise as most recent writers; he merely requires that it be "low, simple farinaceous articles, neither hot nor cold," while most authors name the particular articles of food to be taken, and some of them give a special diet for each day for a fortnight or more after parturition.

Perhaps we can not more profitably occupy a few minutes than in briefly reviewing the teachings of some of the modern obstetric authors on the points we have under consideration,

Bedford says "one point I wish strongly to impress upon your recollection—*keep your patient in the recumbent position for at least ten days after delivery.*" Bedford must be one of the practitioners that Hodge complains of for letting their patients up in eight or ten days. In regard to diet Bedford

prescribes "gruel, arrowroot, tapioca, boiled rice, tea and toast soft boiled eggs, etc.," for four or five days, and then if all "pass on favorably she may have meat and vegetables and begin gradually to resume her ordinary diet."

Cazeaux tells us that the newly delivered takes a delightful slumber and "after the first nap she might sit up in bed for a few moments and take a little broth." Why do not the wombs of all Cazeaux's patients slip down to the bottom of the pelvis? But he requires common women to stay in bed nine days and those in easy circumstances two weeks. He commands the woman to be limited to "a little porridge two or three times a day, and some broth during the night," for one or two days, and then return to her ordinary diet by the twelfth or fifteenth day. During the whole lying-in he allows the woman no water to drink but requires her to use instead, various preparations of art "such as a solution of gum, or an infusion of mallows, or violets or linden, the orange or chamomile flowers, etc. etc. It seems scarcely credible that a standard text book, published only seven years ago, should promulgate such nonsense. Cazeaux is further particular to declare that no acidulated drink must even be allowed to those who nurse. Why, he does not vouchsafe to say, but I have heard women assert that acids taken by the mother will give the nursing child colic. I know of nothing in medical science to warrant such a conclusion. Did anybody ever witness such a result?

Tyler Smith directs that all patients when circumstances will permit of it, should remain horizontal for ten days; and the diet should be light, without meat, until after lactation is established, when substantial food should be given. He warns against the protracted use of innutritious food by asserting that most cases of puerperal mania he has seen were caused by exhaustion. If any other writer has announced this conclusion I have not seen, or remembered it; but if it be true, it constitutes a very urgent reason for puerperal women being allowed an acceptable and nutritious diet.

Cock in his excellent little manual of obstetrics requires "women to be kept in bed until after the fifth day, . . . expect to

be about the house in third or fourth week." "Diet first four days, slops, tea and toast, soda biscuit, bread, panada, arrowroot, oatmeal or Indian gruel, tapioca, sago, chicken or mutton broth." Now mark the declaration that follows this farrago of fluids. "This liquid diet is not usually as digestible as solid food; after ascertaining this, use mutton, chicken, oysters, game, beef, eggs." It seems to me it would be wiser to give these latter articles in the beginning without first experimenting with the former, and the more so that no one has ever advanced a single adequate fact to deprive a puerperal woman of solid food if she prefers it. Cock closes this paragraph with the recommendation that the woman "gradually return to ordinary diet, avoiding acid articles for the sake of the child." There it is again, nothing sour to the mother lest the child suffer; but whether is the digestion of the child that is to be spoiled by the acid, or it is to make the nursling the victim of an acerbity of temper, the author does not inform us.

Meigs says "I have found that many of my patients, and some in the class of what are called the "upper ten thousand, were destitute of all symptoms of indisposition. Such people might get up, and I have seen elegant women get up, and be about on the third day, without pretense of after indisposition." Having candidly enunciated these truths, important and full of significance as they are, it is quite surprising that a man claiming to be a philosopher should proceed thus: "still it is a safe rule to advise the keeping of the bed for many days, . . . a rest of nine days is a short rest after nine months of fatigue crowned by the exhausting conflict of labor." Nine months of fatigue! Yes, surely, given the nine months of fatigue with a conflict at the end of them, and nine days rest don't appear too much; one day per month, thirty days fatigue with a small conflict, to one day's rest! There is both euphony and mathematics in this method of presenting the proposition, albeit we can discover neither science nor sense. Meig's diet is "tea, bread, gruel, vegetable jellies and panada, for three or four days.

Churchill presents the following: "The patient should never leave her bed, even to have it made, before the sixth

day; and if she can be persuaded to limit her exertions to this point for eight or nine days, so much the better." "Gruel, panada etc. for three or four days, then some broth, and on the seventh or eight day some chicken or mutton, with some wine and water." This wine and water on the seventh or eight day is a remnant of an old practice that stimulates the puerperal woman strongly with the alcoholic spirits, from the termination of labor, under the idea that she was very much exhausted and depressed. The practice was about extinct in the day of Churchill, but he generously pays this tribute to a former prejudice. Since Churchill, no author, I believe, teaches the use of stimulants for ordinary well-doing patients but all who precede him, that I have consulted, allow wine, ale, porter, or some other form of alcohol in small quantities and dilute, sometime during the puerperal state, though all condemn it in the earlier stages.

Ramsbotham orders a change of linen in an hour or an hour and a half, but the patient must "not be allowed to get out of bed, either to sit or stand; nor must she of her own accord move hand or foot in the way of exertion." Why not at once secure her superior extremities with a straight jacket, and her inferior with gyves? What business has a woman to have a baby if she does not want to be pinioned? He permits the patient, after a week, to be laid on a sofa and have her bed made, after a fortnight she may put her feet to the "ground" and take an occasional walk about the room. He orders tea, toast, and farinaceous food for three days, some chicken or mutton broth on the fourth day, a light pudding added on the fifth; in a week allows a small quantity of solid meat, and in a fortnight "a glass of wine and water, or mild malt liquor may be taken." The delicacy of Ramsbotham is something really touching. He directs the bandage to be put on by the nurse for he "can not help thinking there is something highly indelicate in its being applied by a man." Certainly! and would it not also be best, to deliver the woman with the accoucher's hands properly gloved? Might not the possessor of such refined sensibilities receive a fatal shock through touching a woman with uncovered digits?

Ramsbotham's book was published in 1842 and we will not pursue this examination of authors farther back. We have had eight witnesses on the stand, and what a muddle their testimony makes. All agree that puerperal women, for the first day or two, should be fed on slops, or other, so called, light diet; and this is about the only point upon which they are unanimous, without it is that a puerperal woman has no natural tastes or desires that her doctor or nurse is bound to respect.

Can there be more conclusive testimony that these artificial rules are not necessary than the disagreement of the rules themselves as laid down by their several advocates. One accoucheur directs that the newly delivered woman takes a little nap, then sit up in bed and partake of some nourishment; another says she must make no exertion, move neither hand or foot for an indefinite time; a third requires her to keep in bed for four weeks at least; while most authors assert the necessity for keeping the horizontal position for eight or ten days. It is a remarkable fact that of all the women subjected to this great variety of treatment but very few perish, indeed most of them do pretty well everything considered. The logical inference is that the regimen prescribed in neither case is essential, but that the patient is carried through by some force not included in either prescription, and therefore better than that in either. Let us profit by this logic.

To my apprehension Bard had the warrant of both experience and science for advising that "after one or two days women should rise from their beds, and sit up for a longer or shorter time every day, according to their strength and inclination." If I were to offer an amendment it would be to strike out "one or two days," but this would be very nearly a work of supererogation, for it would not often happen that either strength or inclination would inspire women to rise within that time. I would, however, not only allow them to sit up, but to walk about, "according to their strength and inclination," being careful to instruct them how to estimate their strength and to measure their inclination.

After uncomplicated labor, if it has been severe and pro-

tracted, the woman is tired, exhausted and sore, and needs and will unadvised, take rest of longer or shorter duration. Under this rest she will recuperate, and in a varying period one, three, five days, she will be able to sit up, first in bed, then in a chair, and presently to move about on her feet, beginning with a very limited effect in this distinction. Now what is there in her condition that shall properly forbid her to fulfil this instinctive desire? There must be something to determine her stay in bed, what better indication to leave it can there be than her own sense of ability coupled with willingness? Do we not know that in all other cases of exhaustion, strength and vigor come more generously and pleasantly to those who leave their bed as soon as able?

Having kept the bed recumbently until more rest and a certain amount of recuperation has given a patient a sense of ability, added to a desire, to be up, is not all further confinement a source of debility that will render the patient less able to get up each succeeding day, and make her more liable to accident when she does rise? Certainly to my mind this proportion is so consonant with the present state of medical science and observation as to challenge acquiescence on all hands upon his annunciation without special proof.

But if authors are irrational and unscientific in their teachings as to the recumbency of puerperal women, what must be said of the rules and regulations laid down by them for the diet of the same patients. How odd it sounds to hear learned and experienced men give the most positive instructions for various beverages, all more or less non-satisfying to the thirst, when the woman, if left to herself, would take water, the natural, and only proper drink, fulfilling every indication and satisfying every want.

And the food: what is there in the physiology of digestion and nutrition, or the pathology of them, for that matter, that will justify the endless particulars about slops, and panadas, and broths, and the soft end of oysters, etc. etc., even defining the day, numerically, upon which each shall be used, as if the condition of the stomach were, by some inscrutable law of the puerperal state, made fit for the food announced by a cer-

tain lapse of time, instead of our selecting the food to meet the indicated wants of the stomach and system.

To my mind, therefore, it is as clear as any other proposition in the whole round of medical science, that each puerperal patient should be looked at, and prescribed for, as an individual, having her own particular wants and necessities, and should not be regarded as one of a great number each of whom has precisely the same wants and necessities, to be provided for, and satisfied, by a grand, comprehensive, common rule. And, furthermore, I verily believe that the accoucheur who does not allow the previous habits and present condition of his puerperal patients, together with their instinctive desires and reasonable wishes, to temper his judgment and modify his management, is not living up to his privileges nor his duty, no matter how exalted his wisdom otherwise, nor how profound his lore.

A difficulty of some magnitude in the management of puerperal women is encountered in the state of their own minds. They have been so long accustomed to hear that women in their situation require an especial regimen that many of them do not listen favorably to advice that does not run counter to the promptings of nature, and are driven to doubt the propriety of any regimen which is not unlike that for any other departure from common normality. I need not stop here to discuss the influence of the mental status over the physical organization for good or evil. Its power is great and acknowledged on all hands. Dr. W. F. Atlee, (*American Journal of Medical Sciences*, April, 1865, p. 468,) writes that "Dr. James Johnson eloquently says, 'The heathen philosopher (Pluto I think) may have carried the idea too far when he traced all diseases of the body to the mind, *'omnia corporis mala ab animo,'* but assuredly so far as my observation goes, and it has not been very limited, a great majority of corporeal disorders spring from, or are aggravated by, mental perturbations." For many reasons there are few states of the system where the force of these mental disturbances is more impressive than in that of women in child-bed; and those attendants will be most successful who recognize its importance and

accord to it its proper weight, and no more. We must be guided in giving our instructions somewhat by our patient's prejudices or preconceived opinions, but the judicious physician will always endeavor to correct, in a proper manner, whatever errors in this behalf his patients may have fallen into.

In conclusion, one may express the hope that the time will soon come when obstetric authors will give the regimen of puerperal women such considerate investigation as will enable them to present us with rules for its regulation framed in the light of more advanced medical science, and in accordance with a higher state of knowledge, abandoning the present method of treating the subject, which is, apparently, for each successive author to adopt a routine practice which shall, in some respect, differ from the routine of his predecessors. And in so doing, it appears to me, they only succeed in altering one folly by substituting or adding another folly.

A Report of Three Cases of Inversion Uteri.*

BY R. L. SWEENEY, M.D., MARION, O.

ON the 10th of July, 1858, while in conversation with one of my medical friends, he stated to me that on that morning he had been called to a lady, Mrs. C. K., whom he found in labor having a miscarriage at the fourth month of her second pregnancy. On examination he ascertained that the fœtus had been expelled prior to his arrival, and that a large portion of the placenta was protruding from the mouth of the womb, which (giving his own language) he "seized and tore away from her."

I heard nothing more of this lady until about two months afterwards, when Dr. C. C. White called on me, stating he had what he supposed to be a case of uterine polypus, requesting me to see it with him and operate, in case we deemed it necessary. On arriving at Mrs. K.'s residence, I found her confined to bed, looking very much blanched, a great deal

* A Paper read before the Ohio State Medical Society, June, 1865.

of nervous excitement, with a small, quick pulse numbering about 130 per minute. On inquiry, she stated that two months before she had had a miscarriage, and that she did not seem to get well afterwards, that she had pain in the lower part of the abdomen, back and limbs, became weak and nervous, with loss of appetite, and had frequent attacks of hæmorrhage, that being treated by the physician who attended her in the former part of her illness, and not getting better, she concluded to change Doctors, and Dr. White had been called.

On examination per vaginam, I detected a tumor protruding from os uteri, resembling in form and size the large half of a hen's egg, though not presenting the smooth surface and elasticity that generally characterizes uterine polypi. On introducing a large vaginal speculum, the tumor could be seen, presenting the dark, rough appearance of a partially inverted uterus. Introducing a sound, I could pass it entirely around the tumor, in the os uteri, though not to any considerable depth in the womb.

From this examination and the former knowledge of the case, I readily came to the conclusion that it was a partial inversion of the uterus, the fundus and a portion of the body protruding through the os.

As there was no *modus operandi* prescribed for the replacement of chronic inversion that I knew of at that time, I prescribed astringent injections to suppress hæmorrhage, anodynes to allay pain and nervous irritation, with tonics, hoping that nature would do something for reposition of the organ. I was much pleased to learn that in several months afterwards, Mrs. K. became pregnant, and in due time was delivered of a well developed child.

On Feb. 11th, 1861, I was called to attend Mrs. L. F., aged 23, then in labor with her second child. On inquiry I was informed that she had been in gentle labor for two or three hours, the pains occurring at regular periods and leaving her quite free during the intervals. On examination per vaginam, I found the soft parts well relaxed, the os uteri soft and dilated to two-thirds the size required for delivery, the membranes with a large quantity of water protruding, and that the pre-

sentation was natural. The labor continued, nothing unusual occurring for about one hour, when the membranes broke during a pain, which seemed greatly to increase it.

On re-examining, I found the child's head well engaged in the inferior strait of pelvis, when two or three pains occurred in rapid succession; with greatly increased power and long continued efforts at bearing down, when the child was almost instantaneously expelled. The cord being more than usually short was entwined around the child's neck. Notwithstanding I had my hand upon the occiput, endeavoring to hold it back, while with the other I made every effort to throw the cord, the child was forced from the mother before I could accomplish it. I feared eruption of the cord, which I soon ascertained did not exist. After the child cried out and respiration seemed well established, I tied and divided the cord. On placing my hand upon the hypogastrium, I could distinctly feel the uterine tumor, through the abdominal parietes, presenting an irregular form, the fundus being depressed, or drawn down, giving it a concave or cup-like appearance.

I did not at this time comprehend the true condition of the organ, or the danger that awaited it. In due time another pain occurred, after which I introduced my finger into the vagina, and found what I supposed to be about two-thirds of the placenta protruding from the os uteri. Soon after a second occurred, expelling the placenta, and immediately after a large oblong tumor, with a portion of the placenta, about three inches in diameter, attached to the lower part of it.

The difficulty was at once apparent, it could be none other than a complete inversion of the uterus. I immediately detached the placenta, which was readily accomplished, the adhesion yielding readily to the pressure of my thumb and finger. This being done, I grasped the organ or as much as I could of it between my hands, (it being about nine inches in its longitudinal diameter and about six in its transverse,) its thin exterior surface being rough, soft and doughy, or wanting elasticity, firm but gradual pressure being continued for two or three minutes, when it seemed to be about one-third reduced in size and more solid. I then placed my left hand under to

support it, bringing the thumb and finger of my right hand into a coniform as much as possible, placed them upon the fundus, and commenced gradual pressure upwards, indentation soon took place and a gradual folding of the walls in upon themselves, until my hand and the tumor had entirely disappeared; this part of the operation occupied about four minutes, when reposition seemed to be complete, my hand extending in the abdomen nearly up to the ensiform cartilage.

After the walls of the uterus had tolerably well contracted upon my hand, it was carefully withdrawn, and the abdominal bandage applied. In thirty minutes afterwards the uterine tumor could be distinctly felt through the abdominal parietes, well contracted and normal in position, examination per vaginam revealed nothing wrong with the os.

I am well aware that it is the opinion of some eminent Obstetricians that where labor is so powerful as to expel the child at a single throe, that the relaxed condition of the uterus does not exist, which tends to its inversion. Be this as it may, I have related nothing but what were substantially the facts in this case, nor was there at any time after the expulsion of the child undue traction on the cord.

The quantity of water evacuated was copious, hæmorrhage but light, I think but little more than in an ordinary case of labor. Mrs. F. was not blanched, nor did she in any way evince depletion. Anæsthesia was not used, nor did she at any time during the process of replacement, seem to suffer great pain. Perfect rest in the horizontal position was strictly enjoined for the ensuing nine days, aside from this the treatment did not differ materially from that after ordinary labor. Mrs. F. recovered perfect health in a short time, and has since given birth to three children at different pregnancies.

On July 28th, 1864, I was called upon by Dr. H. P. Delong, of Larne, who stated that he had a case of inversion of the uterus in which he wished my aid, that eight days before he attended Mrs. B. in her fourth labor, when the accident occurred, he stated that on arriving at her residence he found her in gentle labor. On examination per vaginam, he found the soft parts well relaxed, and dilatation of the os uteri almost

complete, and the child's head presenting, that some time afterwards while up at stool, and in a pain, the membranes broke discharging a large quantity of water, that the attendants immediately assisted her into bed, but before they entirely accomplished it another pain occurred, expelling the child, placenta and womb in an inverted state, with a portion of the placenta adherent to its fundus, that he immediately detached the placenta and replaced the womb, and from that time she had done tolerably well, excepting she had not been able to void her urine without the aid of a catheter, and that yesterday while attempting to do so, straining in an erect position over a vessel, the uterus was again thrown from the vagina, that he was sent for, and on arriving he forced it back into the vagina and made several attempts to revert it, but failed. Owing to other engagements, I was unable to accompany him until the next day, the patient living about twenty-three miles distant from our town.

On the next day, the ninth after delivery, I arrived at the residence of Mrs. B., accompanied by Drs. H. P. Delong and A. W. Disney, of Larne, and Mr. D. Bruck, an advanced medical student, also former Hospital Steward of the Fourth O.V.J. and resident of Marion, all of whom were kind enough to assist me in the operation.

I found Mrs. B., a delicately formed lady, of nervous bilious temperament, and aged about twenty-four years. She complained of pain and uneasiness in the lower part of the abdomen, back and limbs. She was pale, nervous, and had a slightly furred tongue with loss of appetite, slight tympanitis, and pulse small and 116 per minute. The bowels having been evacuated a short time before, Dr. Delong used the catheter at my request, and I ordered her two ounces of brandy.

It being a very warm day, I had her bed moved into a well ventilated part of the room, and raised to a convenient height. She was then placed across the bed, her pelvis resting on the edge, and her feet supported, one in the lap of Dr. Delong, and the other in that of Dr. Disney, each supporting a knee. Mr. Bruck giving her chloroform, so as to gradually

and but partially bring her under its influence, which was maintained throughout the whole operation.

. At 11 o'clock I placed myself upon my knees, between the limbs of the patient, this being a position admitting of free motion on my part, and giving complete control of the pelvis of the woman and which could be maintained for a considerable length of time, without giving unnecessary fatigue. I introduced my entire right hand into the vagina, carrying it around the uterus and up, until my thumb and forefinger rested around the upper portion of the vagina (it also being inverted) and above the os, the object in thus doing was to enable me to fully ascertain the degree of inversion, condition of os, and size of organ. The uterus seemed to be about six inches in its longest diameter and about three and a half in its transverse the os firmly contracted about the round and broad ligaments, with a portion of the ovaria, which it must doubtless have contained, the surface rough, hard and congested.

I brought my hand slightly down grasping the body of the organ and made firm and gradual pressure upon it for about five minutes, the object being to relieve it of its superabundant amount of blood, thereby rendering it less in size and more soft, this being accomplished I then used an instrument I had constructed for the purpose, by removing the cup and piston from a metallic vaginal syringe, and nicely jointing a piece of wood into the barrel, then polishing the whole down to the same size and making it perfectly smooth, this gave me an instrument about fourteen inches long and one in diameter which for convenience I shall hereafter call a bougie.

Having reduced the uterus about one fourth in volume, I then with my left hand placed the round end of the bougie against its fundus, making gradual and continuous pressure against its centre, and in the direction of the os, soon I had the satisfaction of feeling the instrument passing into the lower part of my inter vaginal hand, bearing up the fundus before it, while the walls were gradually and gently folding in upon themselves. Thus they continued until the instrument reached the firmly contracted os, when I again raised my

hand and placed my thumb and finger one on each lip endeavoring by downward and outward pressure, to open them from above, while the instrument was fulfilling the same indications from below and thus making counter pressure with the right hand, that greatly diminished the danger of violence to the utero vaginal connection.

This was much the most discouraging part of the whole operation, requiring patience, perseverance, with gentle regular and long continuous pressure, when my inter vaginal hand and arm were so completely tired down and benumbed that it scarcely possessed any power at all, and I was well nigh abandoning my unfortunate patient to a slow but certain doom, when the transverse fibres of the os which so long and obstinately had resisted my efforts, seemed to become tired out, and gradually relaxing permitted the bougie to pass, and in less than fifteen minutes my arduous efforts were crowned with complete success.

After the instrument had carried the fundus and body so high, that I could effect little by holding on to the os, as it had become attenuated and thin, I permitted the whole to be carried up into the superior strait, thus putting the vagina upon the stretch, when I guided the instrument with my right hand keeping it in the axis of the pelvis. I then placed the lower end of the bougie against my breast and my left hand upon the hypogastrium and could distinctly feel the instrument through the abdominal parietes, extending almost up to the umbilicus. The pressure was gradually and more carefully conducted, the vagina and its attachments now being subject to greater danger from over pressure, all things went on well until I could distinctly feel the os take its normal position, the bougie extending midway between the umbilicus and the ensiform cartilage, and in fifty-four minutes from the time I commenced introducing my hand into the vagina, I was able to announce to my patient and her anxious friends the complete reposition of the organ.

I now carefully withdrew my hand from the vagina, and passing a large speculum up around the bougie, when each of the medical gentlemen examined the os uteri and pronounced

it right. Her pulse was now accurately timed and found to be still one hundred and sixteen. I then removed the speculum and again partially introduced my hand when I carefully drew away the bougie guarding the os with my fingers as I did so; in thirty minutes the speculum was again introduced and the os examined which seemed normal.

Mrs. B. suffered comparatively little pain during the whole operation, once or twice she complained of a fullness in the abdomen which seemed to make her tired, and asked me if I "soon would be through;" once the attendants thought her pulse had grown small and more frequent, one ounce and a half of brandy was again administered. The whole amount of hæmorrhage during the operation did not exceed two ounces nor did she suffer from more than ordinary lochia at any time after the inversion, at which time it was described as being terrific.

She was not so fully under the influence of chloroform at any time, but that she could rationally ask questions and answer them, and was perfectly conscious of all that was being done. One fourth of a grain of Morphine was administered and ordered to be repeated at intervals of from four to six hours should pain require it. Liberal quantities of beef tea to be taken if well borne. Perfect rest in the horizontal position was strictly enjoined for the ensuing three weeks, moving the bowels by enema should they require it.

In about three hours after the operation Mrs. B. complained of nausea which disappeared upon the application of a sinapism to the epigastrium.

On the third day I again visited Mrs. B. examined the os uteri through the speculum found it normal in its position and contracted, the lochia continuing, no symptoms of inflammation supervened, and she continued to improve, got up after three weeks and when I last heard from her, had entirely recovered.

When I undertook the reposition in this case, I knew of but three cases of chronic inversion as ever having been reverted and but two of them after the eighth day, two cases by James P. White, M.D., Professor of Obstetrics in the University of

Buffalo are reported in the *Buffalo Medical Journal* and *Monthly Review*, No. 4, Vol. 14. 1858, to whose reports I am indebted for part of the mode pursued in this case. One case he reduced on the eighth day after delivery, the patient died on the second day afterwards of anæmia—his second case was reverted at six months after inversion had taken place, and the patient recovered.

Prof. White in his first case used his thumb of inter-vagina, for dimpling the fundus and returning the body, only using the bougie when necessary to rest his hand. I used the bougie throughout the operation.

Dr. White after he had effected reposition, had two of his assistants remain with the patient taking turns at holding the bougie in the uterus for twenty-four hours afterwards which he says was perhaps unnecessary. I withdrew mine immediately. He seems to have soon forced the uterus into the superior strait of the pelvis, thereby extending the vagina at once. I made counter pressure with the thumb and finger of my right hand upon the lips of the os uteri, thus holding it down, the better to protect the utero-vaginal connection.

The third case was reported in a paper by Dr. Tyler Smith, read before the Royal Medical and Surgical Society of London in 1858. In Dr. Smith's case, he introduced his hand into the vagina, seized the uterus, squeezed and molded it for about ten minutes, which he repeated night and morning, introducing an air tampon during the intervals. This process gradually dilated the os uteri by traction on the vaginal walls, while it made a wedge of the body and fundus, which it gradually forced through the os uteri, and reposition was completed on the eighth day from the commencement. This case was of two years standing, and recovered.

Dr. C. A. Lee, of Peekskill, N. Y., in a valuable article published in the *American Journal of Medical Sciences* for Oct. 1860, speaks of fifteen cases in which reposition was effected, in the first seven, the time of operating varied from twenty-four hours to three weeks after delivery, the patients recovering. "Of the remainder, in one the uterus was restored in three months, a second at four months, three at six months,

and one at seven years. Two proved fatal, one woman when the restoration was effected at the sixth month, died of exhaustion on the third day, and in the other where the operation was performed at the expiration of fifteen years, by Prof. J. P. White, of Buffalo, N. Y., in January, 1856, the patient perished on the sixteenth day from peritonitis."

Three of the cases enumerated in Dr. C. A. Lee's report are the cases of Prof. White and Dr. Smith already alluded to in a former page.

I might here remark that reposition in recent chronic cases commences at the fundus by its dimpling and passing up through the os uteri, but in cases of long standing, where the uterus has become contracted to its normal size in the unimpregnated state, it begins at the os, it dilating, permits the cervix to pass through and afterwards the body, as in Dr Smith's case, also Prof. White's case.

I will not here detain you enumerating the causes which produce uterine inversion. They are familiar to us all, many of them occurring beyond the control of our most accomplished accoucheurs, and when I see a report of one hundred and forty thousand cases of promiscuous labor in which not a single case of this kind is mentioned, I hope you will not deem me rash when I say I doubt the accuracy of such a record.

Gentlemen, in presenting you this report I have not done it with the presumption that I should lay before you anything new, but that I might contribute another item to the already accumulated evidence in favor of reposition in chronic cases of inversion of the uterus, and thus aid in partially doing away with the scalpel, ligature and ecraseur, the more appalling instruments of excision.

ARTICLE III.

Tumor, Involving the Pneumogastric ; Peripheral and Reflex Pains.

CLINIC AT THE DISPENSARY OF MEDICAL COLLEGE OF OHIO.

Reported by H. M. HITTNER, Chief Clinical Assistant.

History.—Mrs. Spellman, aged fifty years, a native of Alabama, presented herself to the Dispensary of the Medical College of Ohio for treatment. She stated that a tumor appeared about two years ago on the left side of the neck, about an inch below the angle of the inferior maxilla, which gave her much annoyance, and did not yield to the remedies suggested by various physicians. The tumor was first noticed in October, 1863; although at that time rather small, it gradually increased. In six months it had acquired a size about two and a half inches in diameter. Without any local application it broke and discharged a sero-sanguineous fluid, less in quantity than any one would have anticipated from the size of the tumor. From that time until the patient came to the Dispensary, the tumor closed and broke, at intervals; when open, always discharging a small quantity of sero-sanguineous fluid. But this swelling was not the only annoyance to the patient. She complained of shooting pains along the left side, extending almost over the entire thoracic region, and to the stomach. For two years she was troubled with nausea and vomiting, and the different medicines directed to the stomach by physicians, did not relieve her in the slightest.

Other symptoms also presented themselves. Dimness of sight and partial loss of hearing, this was more marked on the left than on the right side. The special sense of smell was also impaired; but the most marked of all the symptoms was a neuralgic pain in the head.

Symptoms.—A tumor presents itself near the angle of the jaw on the inner margin of the sterno-cloido-mastoideus. This tumor appears to be produced by an inflammation of the alveolar tissue, and a deposit of fibrin, which involves the sheath of the vessels. There are pains in the side, extending

over the chest with slight difficulty of breathing; pain in the epigastric region with nausea, and pain radiating over the organs of the abdominal cavity. Her senses of sight, smell and hearing are more or less impaired, especially on the left side, and she has violent neuralgic pains in the distribution of the fifth pair.

Diagnosis.—The symptoms in this case are undoubtedly due to the presence of this tumor. The mode in which it acts to produce the phenomena observed may be explained by either of the following theories:

1. The tumor impinges upon the pneumogastric nerve, which, passing down from the jugular foramen, is contained in the same sheath with the carotid artery and internal jugular. This irritation of the trunk of a nerve, in accordance with the usual law, is felt at its peripheral distribution; hence the thoracic and abdominal pains and nausea. How shall we explain the occurrence of neuralgia in the distribution of the fifth pair and the disturbance in function of the nerves of special sensation; Impressions may be transmitted back to the nerve centre and from thence reflected to other nerves. In this case the impression upon the pneumogastric is also transmitted to the nerve centre, reflected and distributed throughout the fifth nerve. But the trifacial is not the only nerve involved. The impairment of the functions of the auditory, olfactory and optic nerves, must be undoubtedly accounted for by the same general law of reflex action.

2. The tumor may involve the branches of the *descendens noni*, which anastomose freely over the sheath of the vessels. If this be the correct view, the nervous phenomena are all of a reflex character.

The first is probably the true explanation.

Treatment.—Under either of these theories the true method of treatment consists in the removal of the tumor, the cause of the irritation. With this view a succession of blisters will be applied over the tumor and the blistered surface dressed with the compound ointment of iodine. To relieve constipation an active cathartic is administered.

Subsequent Progress of the case.—The size of the tumor

diminished, the sensation of vomiting and nausea ceased gradually. As the tumor disappeared the functions of the enumerated nerves of special sensation were again fully established without any special medication, nor were any medicines given for the relieve of neuralgia. All the symptoms the patient presented and from which she suffered for two years, disappeared, as soon as the neck was reduced to its normal bulk. This case illustrates beautifully the ordinary law of transmission and reflex action.

ARTICLE IV.

A Case of Phlegmasia Dolens--Sudden Death--Post-Mortem Examination.

BY JAMES F. HIBBERD, M.D., RICHMOND, IND.

MRS. N., aged thirty-eight years, a healthy, well developed woman, was delivered of her sixth child on the 29th of August, 1865, after an ordinary labor, under the care of Dr. W. P. Waring. She did well until the eighth day, when she had a chill, which proved to be the precursor of phlegmasia dolens in the left leg, being the second case Dr. W. had had within four months, never having had one before, though a practitioner for fifteen years.

The disease was not severe, and the patient was sitting up by the fifteenth day of the disease and the twenty-third day after confinement. On the twenty-eighth day after confinement, in the afternoon, she felt some uneasiness, as she sat in her chair, of a febrile character, and for this Dr. Waring prescribed twelve grains of quinia in four doses, of which she took three doses. Still feeling some oppression, she had a natural stool at 9 o'clock P. M., getting to the sick chair and back to her seat with but slight assistance. After sitting about half an hour she felt so badly that she desired to be assisted to bed, which was done immediately. She then appeared to faint away, but upon being sharply called by her husband she opened her eyes, swallowed some brandy and water, and in answer to a query said she suffered no pain, then sank rapidly and quietly away and ceased to breathe about fifteen minutes after the first alarming symptoms were noticed.

Dr. Waring was summoned hastily, but arrived only in time to witness her last respiratory effort.

Dr. Waring being sick, at his request Prof. W. H. Taylor, of Cincinnati, (who happened to be in the city,) made the examination of the body, assisted by Drs. Hobbs and Hibberd, of this city.

Examination Twenty-Four Hours after Death.—Body not emaciated; rigor mortis strong; a small quantity of bloody serum in right pleural cavity; partial, firm adhesions of left pleura; lungs crepitant, except a small portion of posterior part of upper lobe of left lung, which was firm on pressure, although it floated in water. About an ounce of bloody serum in the cavity of the pericardium; surface of the membrane normal in appearance; heart relaxed and its walls less firm than usual, and some portions of an ashy color; cavities empty and valves normal. Main trunks of pulmonary arteries empty, but at the bifurcation of the left for the upper and lower lobes was a pale, moderately firm, fibrinous plug, nearly filling the lower branch; and continuous with this plug were several darker coagula, extending into the smaller branches. In the right artery, at the first division of the lower branch was a firm coagulum resting upon the septum of the branches and entering both, but not entirely filling them; extending from this plug were several darker coagula which occupied the smaller vessels. In contact with these plugs in the larger divisions of the artery, were other plugs of, apparently, recently coagulated blood. It was estimated that these plugs collectively cut off the circulation from three-fourths of the lungs. Stomach and bowels largely distended with gas; abdominal organs otherwise normal, but still moderately warm. Uterus normal in size and appearance; sinuses empty. In its interior was a dirty looking coagulum, apparently arising from the point of attachment of the placenta on the upper part of the anterior wall. Connective tissue surrounding the left iliac and crural veins firm and indurated. These veins were distended and hard; the external iliac immediately above the crural arch was bulged and much beyond its usual dimensions and of dark color. Examination extended no farther down than upper

part of internal saphenous vein, this vein, together with the femoral and iliacs, were completely filled with a firm, dirty pale red coagulum, which was firmly adherent to the walls of the vessels, but when detached, the walls were found to be smooth and of normal color. The clot in the common iliac was disintegrated, the vessel being partly filled with the broken down material of the coagulum. Some of this same material was found in the upper part of the internal iliac vein of the right side, which was supposed to be the result of a post-mortem gravitation from the vessels of the left side.

I am indebted to Dr. Waring for the history of the case *ante mortem*, and to Prof. Taylor, principally, for the appearances of the cadaver.

ARTICLE V.

Double Fracture of the Inferior Maxillæ.

BY J. L. WYLIE, M.D. RIPLEY, O.

On the 19th of June, 1865, I was hastily called to visit a gentleman some six miles distant, who had been thrown from a loaded flour wagon, the hind wheel having passed over the Inferior Maxillæ. Upon my arrival I found him entirely conscious, but laboring from the violence of the shock which his system had sustained. An examination of the jaw revealed a fracture of each side at the junction of the body and ramus compound and comminuted upon the right, transverse and compound upon the left. There was great contusion of the right shoulder and side of the neck as well as of the soft parts of the chin, defining the course of the wheel; the treatment adopted was as follows: Splints of paste-board were moistened in water, enveloped in cotton and moulded to the jaw of each side; the superior extremity pressing firmly against the glenoid process, the inferior extremity reaching the mid-point of the body. A four tailed bandage was used for the purpose of supporting the jaw as well as for maintaining the splints *in situ*. In addition to this a sub-mental bandage was used for the purpose of giving support to the jaw as well as to keep the anterior surfaces of the fractures sufficiently depressed.

Owing to the anatomical conformation of the parts, there was in this as in similar fractures, but little displacement. The chief barrier to a successful issue consisted in maintaining the position of the parts. This was without great difficulty effected by means of the simple dressings used without resorting to the more cumbrous and uncomfortable dressings frequently had recourse to in maxillary fractures.

In the course of twenty-four hours from the adjustment of the fracture great swelling and congestion of the soft parts supervened, in consequence of the fracture itself as well as of the contusion effected by the wheel. Owing to this condition the patient was entirely unable to swallow fluids of any kind and asphyxia would be inevitable if the swelling could not be alleviated. At this juncture a large blister (emp. canth.) was applied to the posterior surface of the neck with the effect of alleviating the swelling. Notwithstanding the patient was robust and plethoric venesection was not resorted to for the reason that union of the right if not of the left side would not probably be effected without suppuration on the account of the comminution, and that owing to that surmised condition, the treatment of nurturing his energy would be more plausible than that of combating an imaginary *sthenia*. As was surmised, suppuration of both sides occurred without any detachment of osseous spiculæ. The pus, constantly of a laudable nature, escaped externally, the wounds kindly healed, the patient speedily gained health and the jaw is now in *statu quo*. Subsequently to the union of the fractures, a swelling occurred upon the right side of the neck and despite the most energetic revulsive treatment, suppuration occurred, which was indicated by chills, fever etc., the usual concomitants of extensive suppuration. It will be proper to remark *en passant*, that this effusion, swellings etc. were the results of the contusion at the time of the accident and related by no continuity with the maxillary fractures. On account of the depth of the pus, the *positive* evidences of suppuration were not discernible, and with the view of revulsion if pus did not exist or with the view of promoting suppuration if it did exist, a blister was applied over the swelling with the effect of

transposing the presumptive symptoms for those that were positive. A free opening gave exit to an abundant quantity of offensive pus. After its evacuation, the adynamic symptoms speedily gave way to those of convalescence. Owing to the removal of the patient without the circuit of my practice, I was kindly and ably assisted in the after-treatment by Dr. W. A. Dixon.

There are undoubtedly, points of interest attaching to this case. In the first place, the extent of the fractures; Secondly, the complications from the contusion of adjoining structures; Thirdly, the complete union of the compound comminuted fracture without the detachment of bone; Fourthly, the precise preservation of the symmetry of the parts, and we might add; Fifthly, the rarity of similar cases in civil fractures.

Should the above be deemed worthy of an insertion in your Journal it is at your disposal.

ARTICLE VI

Case of Inversion of the Uterus.

BY J. W. HUGHES, M.D., BERLIN CENTRE, O.

On the night of the 12th of September last, I was summoned in haste to meet Dr. A. at the residence of Mr. D., five miles distant, in consultation in the case of Mrs. D., who had just been delivered of a primiparous child. On entering the room, I received from Dr. A. the following history of the case:

"The labor was neither tedious nor unusually severe, the presentation natural. Ten or fifteen minutes after the birth of the child, a severe, continuous, expulsive pain came on, resembling that produced by the action of ergot. On examination, he found the uterus entirely inverted, protruding beyond the vulva near six inches, the placenta nearly or quite detached, thrust before it. As soon as he became satisfied as to the nature of the accident, he removed the placenta, and placing three fingers against the fundus uteri, he pressed firmly but gently against the part, which receded gradually and without very great pain, until its complete reduction was accomplished.

The hæmorrhage, which had been profuse, then gradually abated, leaving her extremely prostrated.

An examination of the patient revealed the following symptoms: Lips and cheeks apparently bloodless; pulse feeble, fluttering and intermitting; breathing irregular and sighing, with moaning. An examination per vaginam, showed the uterus replaced, the os uteri relaxed slightly, embracing a loose coagulum. Satisfied that the reduction was complete, we united in prescribing full doses of morphine to allay pain, supporting her with diluted brandy, tinct. cinnamon, etc., *pro re nata*, the doctor had previously given opium and acetas plumbi. She remained very feeble for some days, with a quick, irritable pulse, attended with abdominal soreness. Her convalescence has been slow, but there have been no alarming symptoms.

The interest I felt in perusing the cases recorded in the last number of the *Lancet* induced me to send you this brief article. The ease with which the reduction was effected, and the absence of alarming symptoms, except the hæmorrhage, are the points of interest in the case.

Medical Societies.

Proceedings of the Cincinnati Academy of Medicine.

R. R. MCILVAINE, M.D., PRESIDENT.

Reported by C. P. WILSON, M.D., Secretary.

October 30, 1865.

Discussions on Cholera.

Academy met at the usual hour, President in the chair.

After the reading of the minutes of the previous meeting, Dr. J. F. White read a paper upon the remote causes of cholera. First, he discussed the miasmatic theory, giving the views of various authors, whose observation and experience go to sustain the proposition that cholera is analogous to malarial fever. Next, the theory often shown that it is contagious, and the facts which seem to support this theory. The means of contagion being, according to this author, breathing the same air

with cholera patients, and using food or water poisoned by their dejections and ejections.

Proofs.—The advancement of the disease through many degrees of latitude, over every variety of soil along great highways and navigable streams. The immunity of families, communities, villages, and even cities which practice a rigid exclusion of those affected by it. Statistics showing the great proportion of cases in London during the epidemic of '49, to have been among families using water polluted by sewerage containing the dejections of cholera patients.

Lastly, he referred to the zymotic theory. A peculiar condition of, or poison in the atmosphere, co-operating with an existing wrong, or predisposition to disease, gives rise to cholera.

Dr. John Davis said the presentation of the subject was unexpected to him, as he supposed it was to many members who would like to present their views upon it, and he would therefore prefer to postpone the discussion of it until the next meeting.

Dr. White said would it not be well for the Academy to present this subject in proper form to the municipal authorities, and to recommend measures to put the city in order to meet the expected coming of cholera next season. If any one thing is settled it is that dirty and crowded localities invite this disease.

Dr. Murphy.—We have heard a very interesting and valuable paper as a *resume* of the history of opinions and theories concerning cholera, but *cui bono?* there is nothing practical in it, nothing applicable to the circumstances of this city. If *Dr. White* will give us something practical, something to guide us in the prevention and treatment, we will bide the time. In this city different classes were attacked in '49 and '50. During the latter year, cleanly, well to do people, were sufferers. On Vine St. Hill it was very severe, and limestone water was assigned as the cause. In that locality surrounding the slaughtering establishments there was but little of it. Where cholera is in a city two or three seasons, each succeeding epidemic shows some new feature or the absence of one which

was prominent before. It has a particular livery for every place it settles on to destroy. It selects the locality of its ravages with seeming caprice. While it was prevailing in the centre of the city, the regions about the slaughter houses escaped, just the places, one would think, to invite it. Nurses in cholera hospitals did not take the disease, and very few physicians died of it. Of those who did, Dr. Shotwell was frightened into it, and Dr. Harrison was the subject of chronic diarrhœa. Very few accounts of cholera in other places apply to Cincinnati. In the little towns attacked in Indiana, the fright of the people very considerably increased the mortality. People who brought themselves down to a farinaceous diet as a means of prevention, were all the more liable to fall victims. Nobody treats cholera on any theory. In '49, in Cincinnati, Ayers' treatment was followed to some extent, (half a grain of calomel every five minutes). Dr. Cartwright used mercury and chalk, with pepper, opium and camphor. This treatment had a great run on the Mississippi River, and was not left untried in Cincinnati. At last, however, the opium was left off, as it was found to be almost invariably injurious. The disease is the same now in Asia that it was in 1849, and it is approaching us. We don't know what it is. The whole practical question is how to meet and combat it. Our city is dirty—never was more so. Have we contaminating water? Can cholera dejections get into the reservoirs and supply pipes to poison the water? Privies should be cleaned, nuisances cleared away, the town purified, good hygiene established, and two or three good hospitals established. Some will probably again recommend the folly of burning coal in the streets, drinking great quantities of soda water, avoiding vegetables, or something else of the same kind and value. In '32 opium was used satisfactorily, in '49 less opium was given, and the treatment was more successful.

Dr. John Davis.—A writer in the *Medico-Chirurgical Review* says: To every theory upon the course of cholera, there are, perhaps, fatal objections. And there is no agreement between writers on the subject. We may, however, be benefited by studying the circumstances under which it

occurs. Where large bodies of men are gathered together, as in great armies, or in the case of the pilgrims at Mecca, seems to be a starting-point for it, and these men, going to their homes, scatter the disease. The pilgrims slaughtered many animals. What was the influence of this? Does a greater number of cases of cholera appear where putrid meat is left exposed to taint the air? This was not found to be so in Cincinnati. On the contrary, butchers were exempt. I had a large practice among this class, and not one of the butchers themselves, but some members of their families were attacked. It was the same with workmen in soap factories. I attended a number of the employees in Proctor & Gamble's establishment. None of the workmen suffered from cholera, while members of their families did. Workmen in livery stables seemed also to enjoy immunity. Now if this has been found to be the case everywhere, and I believe it has, it is probable that the killing of sheep had no agency whatever in producing the disease at Mecca. It would further strengthen this conclusion if we found cholera to prevail extensively in a large gathering of men who did not leave much animal matter exposed to decay. Such was the case with the army in the Crimea. Cholera raged there, though the police regulations of camp required all debris to be cleared away.

When the epidemic visited this city, did it do more damage among the Americans who live, each family, in a separate house, cleanly, with attention to ventilation, and an abundant admission of light, or among the crowded foreigners? I believe four-fifths of the cases were among people in the tenement houses, of which every room contained, in most cases, a whole family. When a large number of persons are collected together, the emanations from their bodies poison the air. This concentrated poison produces a predisposition to disease. This predisposition in conjunction with the peculiar and mysterious choleraic condition of the general atmosphere or the epidemic influence, may decide the locality to suffer most severely from the scourge. In case of an army spreading the disease on its march, why is it often almost confined to one side of the road? Possibly, the dwellers on one side of the

road had more intercourse with the moving army, or the other side was more sparsely settled and their habitations in a better sanitary state, as in the American portion of this city. What agency has filth and garbage in this matter? It is plain that where the greatest number of families are congregated there will be the greatest quantity of debris, and the effluvia from this certainly adds to the other sources of poison in the air. I can not agree with my friend, Dr. Murphy, that one part of the city was at one time exempt, and at another time attacked. It was all the time most severe in the northern part of the city, where it is most densely populated. As to treatment, I hope Dr. White will continue his paper and discuss that part of the subject. We should get up sentiment in favor of cleaning the streets. This will be of much benefit, even without reference to cholera. The present imperfect cleaning of our streets has and will reduce the number and severity of cases of cholera infantum. Let us get whatever good we can.

Dr. Muscroft.—I saw the first cases of cholera which occurred in the epidemic of '48 and '49 in this city. Two or three cases were brought from steamboats to the hospital. (In '32 the first cases were brought on steamboats.) Other cases soon followed. Lumbermen, who worked with part of their persons in the water, were the next class attacked. After this class, persons who lived in houses with water in the cellar, suffered next. The deaths seemed to be principally in the northern part of the city in houses where many families were huddled together. The greatest mortality was, perhaps, on Grant Street, where it was conjectured that the water in the wells had been poisoned. Fright was an exciting and continuing cause, and many died from that alone. A man passed the danger and was convalescing favorably when his sister was attacked. The course of the disease was rapid with her. He became frightened and howled until he died. His own death and his sister's occurred about the same time.

Nov. 7, 1865.

Dr. J. F. White proceeded to read a paper on some of the "Auxilliary Causes and Means of Prevention of Cholera."

He commenced by quoting the aphorism of Dr. Drake, viz. : "A Theory to be true must explain all the facts, and be the only one that can." We must respect the observations and investigations of our predecessors and cotemporaries, at least so far as to lead us to a careful examination of them, for we arrive at truth not alone by our own observation and reason, but by comparison with the observation and ratiocination of others equally honest and diligent in the search. In a multitude of theories not explaining all the facts, one may have the advantage in explaining the greatest number of facts. Or if any one is as true as another; one may be more unobjectionable on account of its belief and proclamation being attended with less evil and more good. Is it not our duty to uphold this, until we ascertain the absolutely true one? He quoted from Dr. Watson, "Whether any or none of the theories concerning the diffusion of cholera be the true one, they all bear a sufficient amount of likelihood, and are sustained by evidence enough, to render it our imperative duty, in the face of so great a danger, to enforce by our counsel, the measures of precaution which they severally suggest. The strict observance of these precautions would disarm any future return of the pestilence of its terrors, and confer the privilege of absolute security upon thousands." He reviewed the opinions of many authors who agree that whatever the remote cause may be, the immediate or exciting causes are not covered with such impenetrable clouds of obscurity. These immediate or auxilliary causes he divided into two classes—First, those which go to favor the generation or exalt the activity of the *specific remote cause*; 2ndly, Those which predispose the human system to disease. Under the first head he mentioned heat, moisture and decomposable matter, and argued the analogy of cholera with yellow and other malarial fevers. Their appearance under similar circumstances and in similar localities, the former sometimes displacing the latter. Their dependence being on the same cause, only different in the degree of intensity. In proof of such local causes as filth and close air, the Doctor cited many notable examples in cities of our own country and Europe. Next in the list of causes he men-

tioned the influence of altitude, and asserted upon the authority of statistics, that in London in 1849, the rate of mortality was, within certain limits, in the inverse proportion to the elevation of the locality, and that it did not prevail with the greatest severity in the most densely populated parts of the city.

Under the head of causes which predisposed the body to disease, and consequently to the action of the epidemic influence of cholera, the essayist enumerated the following, viz Exhaustion from age, chronic infirmities, innutritious diet, long exertion, confined lodgings, or in any way habitually breathing impure air, exposure to the damp and cool atmosphere of the night, after the intense heat of the day, fear from apprehension of the disease, grief from the loss of friends, and particularly *intemperance* in the use of ardent spirits. The latter he considered the most fruitful of all this class of exciting causes. He also divided the means of prevention into two classes, public and private. In the first class the most important means is municipal cleanliness; the abatement of nuisances, the removal of stagnant water and all debris. Measures should also be taken to ameliorate the condition of the poor. Roomy, well-ventilated houses of refuge established, where they can sojourn while their own crowded dwellings are cleansed and put in order. Hospitals should also be established to receive those who may be attacked. Quarantines as means of prevention are as ropes of sand.

Among private means of prevention, he enumerated: pure water, nourishing food both animal and vegetable, the avoidance of all great and trying exertion, both of body and mind, scrupulous cleanliness both of skin and clothing, domestic cleanliness and ventilation, temperance in all things, and courage.

The doctor dwelt at some length on the highly important duty of medical men to impress the necessity of these personal precautions upon those who consult them; to disabuse their minds of the erroneous and pernicious idea of its contagious character, and thus fortify them against the dangerous exciting cause of fear which such a belief could not fail to occasion in the timid.

And also to form and guide public opinion, making themselves felt as such a power that city councils and other public guardians would not dare to neglect their advice in adopting sanitative measures. So that they would be forced to give remedial attention to the state of the streets, sewers, water supplies, and the like, to establish good and sufficient hospitals, and even houses of refuge. Lastly, he thought, in consideration of the conclusions arrived at with respect to altitude, that, not a stampede, but a well ordered retreat to some elevated part of the country would be advisable for the aged and infirm, the debilitated and those suffering from chronic disease, the nervous and the timid, where circumstances would permit such a course.

[This discussion to be continued next month.—Eds.]

Reviews and Notices.

The Students' Book of Cutaneous Medicine, and Diseases of the Skin:
By ERASMUS WILSON, F.R.S. New York: Wm. Wood & Co.
1865.

Reflecting that the author of the work before us has been specially familiar to the profession of this country, as a voluminous writer on *Skin Diseases*, we open this new volume, with its somewhat peculiar title, with feelings of rather more than ordinary curiosity to learn the motives of the author, and ascertain the scope of his new book. And we find that he has himself felt it proper to make some special explanation of his design. After speaking of the character of the well-known treatises on this branch of medicine, he says: "But we have no elementary book that the student can call his own; no class book; no book founded on *British Cutaneous Medicine*, that is, upon cutaneous diseases such as they occur in this country, and exist amongst us at the present day, and treated upon principles which long experience has shown to be the best suited to the instincts and peculiarities of the British mode of thought, and of the British Medical Constitution."

We have scarcely had the time to give this book that careful examination that we ought before expressing concerning it

positive opinions; neither have we, with any care, compared the opinions and teachings of this work with those of Wilson's old standard work on Diseases of the Skin. We suppose, however, that the doctrines are essentially the same as expressed in the two works.

In the present work our author has attempted to modify his classification, and present one "founded on the clinical history" of these diseases, and styles it a "*Clinical Classification*." The book being made up of *twenty-four chapters*, two of these being introductory, and the remainder being each occupied with the consideration of a group of affections.

The work before us is much more condensed than the large standard work of the same author; and will prove a very convenient book of reference to the practitioner as well as the student. Its teachings also are for the most part up to the views of the writers of our time, and will be found to afford a reliable guide in all the prevailing cutaneous diseases to which our services will be called.

For sale by Robert Clarke & Co., and George S. Blanchard.
Price \$3.50.

Editor's Table.

One Decade.—With this number of the *Lancet and Observer* closes up ten years of editorial labor. Ten years ago was established the *Medical Observer*, under the editorial direction of Drs. Mendenhall, Murphy and Stevens. Two years afterwards, we merged into the *Western Lancet*—the new publication taking its present title. Otherwise there has not, in the ten years, been any change of the general management of the Journal, except the withdrawal of Dr. Mendenhall from his editorial connection, on account of his growing professional duties. During this decade, the Journal has passed through many vicissitudes, and perilous seasons, in which it has only escaped the fate of many of its cotemporaries through the persistent personal attention to matters of publishing drudgery on the part of its editors. The outbreak of the late sad rebellion was a serious blow to its circulation—cutting off at a stroke nearly half its list. The wonderful inflation of prices in all labor and material concerned in book and

periodical making has been an additional serious embarrassment. In the midst of all these difficulties, however, there has been no material delay in the issue of a single number, and this day, at the close of this current year, the *Lancet and Observer* enjoys the largest circulation it has ever reached, probably not exceeded by more than one or two American medical journals. For this healthy degree of prosperity it is in part indebted to the unwearied personal attention which has been given to its details by its managers, and in no small degree to the determination of its large list of friends throughout the country to sustain it and build it up.

The past is our pledge for the future. In the general character, arrangement and spirit of the *Lancet and Observer*, there will be no change unless it be in the way of improvement.

Its editors have accepted positions in connection with the Miami Medical College, but they have no purpose of prostituting a medical journal to the partizan purposes of a Medical College. It will, therefore, continue devoted to the building up of all the interests of legitimate medicine everywhere, and especially to the professional interests of this city as a great professional centre. We, therefore, hail and welcome as hearty collaborators all earnest medical gentlemen—and gladly give place in our pages to their contributions—as contributions to the common interests of medicine in our midst.

Many, very many high-toned gentlemen here and elsewhere have fallen in the ranks since we entered upon our editorial labors ten years ago. From time to time we have recorded these sad losses. We record afresh the tender memory for the dead.

Many, very many worthy cotemporaries of the medical press has come to grief and a respectable interment in these ten years. To those yet living, and to the dead, we owe our sincere acknowledgments for courtesies and kindly bearing. To one and all, exchanges, contributors, subscribers, friends every where, we extend the greetings of the season, and our hand in sincerity for another decade. At its close, where shall we all be? At its termination, what will we have accomplished?

Medical Colleges in Cincinnati.—The general Lecture, Introductory to the regular course in the Miami Medical College, was delivered on the evening of the 1st of November by Prof. George Mendenhall. The lecture room was crowded with students and medical friends, many of whom doubtless felt a large share of interest and curiosity to observe the auspices under which the school was being revived.

On the opening day of the session, there were one hundred students enrolled and on the benches ; and the number continues steadily to increase so that at this stage of the session, (November 25th), there are one hundred and thirty-five matriculants.

The subject of Prof. Mendenhall's address was the familiar topic of Professional Success, but was presented in a manner that enlisted the earnest attention and approval of his audience. We make some brief extracts some of the points being of more than passing interest. In regard to the history of this organization he remarked:

“ For several years prior to 1852, many of the profession of this city were strongly impressed with the conviction that some different system was necessary, calculated to stimulate the younger members of the profession to greater and more systematic efforts in the cultivation of medical science. To do this the avenues to professional advancement, which were practically closed in a great measure by the system of foreign appointment to places of prominence in medical teaching, must be opened wider, and home capacity acknowledged.

“ The condition of things existing at that time tended to paralyze home efforts and dishearten the young men of Cincinnati. They needed some central object around which they could rally, and which, in turn, would lend them a helping hand into places of honor and usefulness. A bond of attachment was needed between the young man struggling for professional advancement, and the gray-haired professor. Encouragement to labor, with the hope of professional honors in the future, was necessary to stimulate him to be worthy of the positions occupied by the savans of the profession. This reciprocal feeling did not exist ; this kindly bearing between the seniors and the juniors was wanting in the training so necessary to mutual prosperity. The result was disastrous to the permanency and efficiency of the medical institutions of this city ; mutual disappointment occurred, and frequent changes were the order of the time.

“ Many of us thought that the remedy for these difficulties consisted in extending a helping hand to the young and rising members of the profession, so that they might reasonably expect to be rewarded, should they, by diligence and ability, prove worthy. In short, the object was to cultivate home talent, by holding out inducements to industry, and not to be continually looking abroad for individuals upon whom to bestow medical honors. In the summer of 1852 the sentiments of the profession culminated and took form in the asso-

ciation of a number of gentlemen, under the name and style of the Miami Medical College of Cincinnati.

"It was composed of young men, mostly untried as teachers, with the exception of the venerable Professor R. D. Mussey, father of the present Professor in the Surgical Department, who gave his great name, influence and labors for the benefit of the enterprise. The distinctive principles adopted were to give a thorough course of medical instruction, inculcate at the same time, a sound code of medical ethics, and make available the medical capacity of the young men of Cincinnati in accomplishing these results. We hoped to stimulate undeveloped talent to labor in the medical vineyard, and prepare them, by proper qualifications, for the occupancy of places of professional responsibility and honor.

"We hoped, also, to form an institution around which the junior members of the profession could rally with the certainty of having their claims and merits acknowledged by professional advancement.

"With these objects in view, our bark was launched on the stream of medical teaching. From small beginnings we gathered strength yearly, until, at the fifth session, we had over one hundred students, and sent forth, in all, nearly one hundred graduates in medicine, who are now scattered over the West, and many of whom have served with distinction in the war for the preservation of the Union."

Prof. Mendenhall next reviews the coalescence of the Miami with the Ohio College, which "theoretically seemed to be right, but practically proved a failure," and then pays the following tribute to Prof. R. D. Mussey, who "retired from active professional duties at the time, and now lives in the enjoyment of the consciousness of a life of great usefulness, spent in doing good to his fellow beings, at the ripe age of eighty-six years, with faculties keenly alive to every thing bearing upon his beloved profession

"In his retiracy he has, until quite recently, devoted two hours per day in reading some medical work of interest, and the short period of interruption not thus occupied, has been caused by bodily sickness, and at the present time he is engaged actively and ardently in the study of astronomy, although confined to his room by feeble health. What a noble example we have here presented to those of us who are in the enjoyment of vigorous manhood!"

In the course of his remarks he took occasion to pay a fit tribute to the memory of the lamented Prof. J. Byrd Smith, who was one

of the Faculty of the School as reorganized this year. His allusion to the kindly relations which generally does and always should prevail in the ranks of the profession, we believe to be strictly true, notwithstanding our reputation in the popular esteem. He says :

“I fully believe the charge is untrue. It grows out of the fact that whatever differences occur become more notorious than in other relations of life, and the friends of each party are apt to take sides in the controversy.

“The liberality and fraternal regard existing among the members of our profession towards each other, I believe to be more general than exists in any other calling or profession, not excepting the clerical. For one, I here publicly acknowledge my experience to be, that physicians, as a body, exhibit the highest condition of perfection in the development of the Christian virtues toward each other, that can be found in any association, all insinuations to the contrary, notwithstanding. As for my own experience, I freely concede that whatever I have attained, to professional success, I owe more to the courtesies of my professional brethren, than to any other influence whatever ; and I hope I may not be unmindful of this obligation in my intercourse with them, and particularly with the junior portion.”

We are pleased to learn that the address is to be published : we have been tempted to such full extracts partly on account of the intrinsic interest of the topics—partly because of the professional interest in a new medical organization—and partly, we confess it, from personal associations and connections.

The Introduction to the Regular Course in the *Medical College* of Ohio was given by Prof. Blackman : His subject being *Surgery—Past and Present*. He was introduced to the audience by Prof. Parvin, Dean of the Faculty, as “The Father of American Surgery,” (Sic !) and in a few brief introductory remarks, paid a graceful tribute to the ancient renown of the College as the Mother of Medical Schools, and Medical men in this valley. The address of Prof. Blackman was appropriate to his subject and the occasion. We are not advised of the Matriculation List at this date, but understand the class to be good ; something over one hundred.

The Introductory to the Course in the *Cincinnati College* was delivered by Prof. Tate, his subject being a careful historic review of the *Plague*. We are not advised of the number of the class.

Commutations with other Publications.—As will be seen by our regular prospectus, we continue the arrangement for furnishing other publications in connection with our own at a reduced rate; that is to say, these publications make us a discount which we turn over for the benefit of our subscribers. But as this is a matter of profit alone to our subscribers we cannot assume any risk either in the remittance of payments for other publications, or in losses by mail of the numbers of such publications. Remittances for the *Lancet and Observer* may be made at our risk, and we always endeavor, so far as possible, to supply missing numbers.

In this connection we remark that in the last number of this journal we spoke in high terms of the *Atlantic Monthly*, *Harpers' Monthly*, and some other periodicals amongst our Literary Exchanges. Since then we have received Communications from *Harper & Brothers*, and *Messrs. Ticknor & Fields*, arranging to discount their publications to us so that we can afford the following terms in connection with the *Lancet and Observer*.

<i>Harper's Monthly Magazine, and Lancet & Observer</i> , one year,	\$6,50
<i>Harper's Weekly</i> " " " "	6,50
<i>Atlantic Monthly</i> " " " "	6,00
<i>Young Folks</i> " " " "	4,50

Physicians Hand-Book of Practice for 1866, By Wm. Elmer, M.D., and published by W. A. Townsend, of New York. This little pocket memoranda of practice and engagements, has met the favorable regard of a large portion of the profession who have used it. It is now ready for the ensuing year, and contains a large amount of useful condensed information. For sale by R. W. Carroll & Co.

R. W. Carroll & Co.—Several inaccuracies have somehow found their way into the advertisement of this Book Establishment, they are duly corrected in the present number.

Wanted: The following numbers of the *Western Lancet* to complete a sett, Vol. IV. (1845) Nos. 5 & 8: Vol. V.—No. 3: Vol. VI. Nos. 1, 2, 3. Any one having these numbers to spare will please communicate with Dr. R. R. McIlvaine of this city.

Cholera—Cincinnati Board of Health—Dr. Clendenin.—Our readers will have already received the announcement that the epidemic cholera in its relentless march, has reached our shores. The

ship Atlanta, with a number of cases on board, having arrived at the port of New York, and while we write is being detained in quarantine. Such a serious circumstance brings up the questions connected with the whole subject of quarantine, with peculiar and practical force.

We presume few physicians regard cholera as a contagious disease; but at the same time it is certainly very true that certain epidemics, of which cholera is one, travel in the track of commerce—along the world's highways, has this terrible destroyer journeyed across continents, and oceans. There seems, therefore, a propriety in the enforcement of such regulations, as will, to a certain extent, pile up a barrier in its track. These precautions occasion considerable annoyance and inconvenience, but if they avert or delay calamity to the community, to neglect them becomes absolute cruelty.

Enforcing these views, we quote the following summary which we find in the *Boston Medical and Surgical Journal*, taken from the *London Medical Times and Gazette*.

“The disease has, in no single case taken an overland route, but has traveled from coast town to coast town, as it has been carried. In this history there is nothing new, but everything that is old, and we had almost said—established. Least of all is there anything capricious about the disorder, as some of our scientific cotemporaries are fond to say. Cholera follows the sower of it as does wheat or other grain; and like wheat or other grain, it must be carried on from shore to shore, and being carried, must even when landed, and distributed, find a field prepared for it, otherwise it will not grow.

“To conclude for this week, the current epidemic tells us, as every preceding epidemic has told us, these demonstrable facts, viz: that for cholera to be diffused over the earth, it must have these factors for its cultivation:

“1. A centre of pollution for its cradle.

“2. A ship for its transport.

“3. A number of cities and towns properly prepared for its reception and development.”

In the mean time, we are gratified to notice a disposition in most of our cities to enter upon a systematic work of preparation in the way of general hygienic measures, in anticipation of a visit from this epidemic, during the approaching summer. In this city, a Board of Health has been organized, constituted of the following well-known,

prominent gentlemen, who are identified with the city in all its permanent interests, and who will do their duty :

Hon. L. A. Harris, Mayor of the city ; Hon. T. H. Weasner, B. F. Brannan, Esq., M. B. Potter, Esq., F. Meyer, Esq., Dr. David Judkins, Dr. J. J. Quinn, Dr. F. L. Emmert, Dr. G. A. Doherty, Dr. L. M. Rogers, M. B. Mason, Esq.

The Board has organized, and has already instituted various measures for cleansing the city. Dr. W. H. Clendenin has been appointed by the Board, as Health Officer ; a most excellent appointment.

In the way of general history of this epidemic, precautions, and suggestions for its treatment, our readers will find much of interest in the discussions of the Academy of Medicine, portions of which we publish in this number.

Surgeon John Moore, U.S.A.—The many friends of this officer will be interested to know that he has been relieved from duty in the Military Division of Mississippi, and ordered to duty at Ft. Independence, Boston Harbor. We observe his name amongst the list of promotions as Lt. Col., by Brevet, "for faithful and meritorious services during the war, to date from March 13, 1865.

Br. Lt. Col., W. H. Gobrecht, late Surgeon U.S.V., has been mustered out of the service of the United States. Dr. Gobrecht is at present engaged in his regular duties as Professor of Anatomy in the Medical College of Ohio.

—The Philadelphia *Medical and Surgical Reporter* announces an enlargement from January 1st, 1866, and an increase of the terms from \$4 to \$5 per annum. The continued, and apparently permanent high price of paper and labor, seem to render the prospect for cheap Medical Journals, at least for a considerable length of time, quite out of the question.

Locations for Sale.—A desirable point for a good physician will be found in our advertising department, at Mauckport, Ind.—also another at Westport, Indiana.

Our Terms for 1866.—There will be no change in our rates for the ensuing year. The Price will be \$3.00, as heretofore. We have already had notice from our printers, of an advance of twenty-five per cent. for 1866 ; paper is still held at its highest rates ; under these

circumstances we can only avoid an advance in our terms by insisting on prompt cash payments, and urging the extension of our circulation. Indeed, having shown our innate vitality through so protracted a trial, we think the time has fully come for extending our borders; and we confidently expect our friends every where to co-operate with us in building up a Subscription List for the New Year, far exceeding any point it has ever hitherto reached.

Prospective Revival of Medical Journals.—We notice with pleasure, that several important points in the South are arranging to resuscitate their Medical Journals. Thus, by a circular from the editors, we learn that, with the new year will commence the issue of the *Richmond, Va., Medical Journal*, under the editorial management of Drs. E. C. Gaillard and W. S. McChesney. It will be a large monthly of 80-90 pages, at \$5.00 a year, if paid in advance, otherwise \$10 will be demanded.

The *Savannah Journal of Medicine* will also be revived in January, as we understand under the auspices of the Medical Society of Georgia; Drs. Harris, Read and Thomas to be editors.

We shall welcome these journals back to our exchange list, and hope the profession of the South will extend to them that helping hand necessary for their sustenance and usefulness.

To our City Subscribers.—We have made an arrangement by which our subscribers in this city will have the *Lancet and Observer* delivered through the Postoffice, more promptly than heretofore by personal attention or the irregularities of carrier.

Transactions of the Ohio State Medical Society.—The Publishing Committee have waited in vain for one or two important papers presented to the last meeting of the Society, before placing the manuscript in the hands of the printer. There will be no further delay. The Transactions are being worked off, and will soon be ready for delivery. In the mean time, we remind all in arrears to the Treasurer, that the assessment for 1865 was, \$2.00 instead of \$1.00, as heretofore, and must be paid before the Transactions will be forwarded. Remittances on dues to State Society should be made to Dr. J. B. Thompson, Treasurer, Columbus, Ohio.

Ophthalmological Department.

EDITED BY E. WILLIAMS, M.D., CINCINNATI.

Letter From A. D. Williams, M.D.,

VIENNA, AUSTRIA, Sept. 23, 1865.

MY DEAR UNCLE:—I herewith enclose you another letter of "Ophthalmology in Vienna," beginning with *ossification of the tarsal cartilages*. The patient was an unfortunate man from the country, who had suffered for three or four years with *trachoma* (*granulated lids*,) for which he had been heroically treated. The trachoma had produced one of its frequent and worst consequences, entropium and trichiasis. There was rude scratching of the eyelashes upon the cornea of both eyes, which had caused inveterate pannus. In addition to this, the tarsal cartilages are greatly hypertrophised, and even *ossified*. The upper lids were enlarged in all directions. The thickness also was increased, and they extended outwards several lines to the bony margin of the orbit; inwards towards the nose in like proportion; downwards over the lower lids, giving much the appearance of the swelling of purulent conjunctivitis, except the redness and suppuration. The cartilages had retained their original semilunar form. In this condition, the patient presented himself, some weeks ago, at Prof. Arlt's clinic. He at once diagnosed ossification of the tarsal cartilages, and determined to *extirpate* them. He had previously seen but one case of the kind which he extirpated at Prague, with very good success. After admission to the hospital, he was treated for the granulations several weeks, with but little benefit. Just before the holidays which commenced in July, the operation was performed. I omitted to state that the eyelids presented a peculiar bony-hard feeling to the fingers. The extirpation, which was tedious and difficult, was combined with Jaesohes' operation for entropium, it being very desirable to relieve the constant friction of the stiff eye-lashes upon the cornea. The tarsi were difficult to remove on account of their brittleness, and had to be taken away in pieces. With great patience and pains, on the part of the Professor, in dissecting out all the small particles, the operation succeeded very nicely, and the general result was very good. The entropium and inconvenience from these great masses of hard, heavy, bony, plates, have been relieved, and the eyes are rapidly improving. The

pannus is clearing off, the granulations are nearly well, and the patient himself is overjoyed with the result. Before the operation he had to be led, or else feel his way about the hospital. He now finds his way every where without assistance.

The cause of the hypertrophy is supposed to be the long irritation kept up by the trachoma. Whether the cartilages were really ossified, however, is questionable. Some of the students who examined them chemically, report that they have found bone, and others assert the contrary. The Professor himself is in doubt now, whether it is not simple hypertrophy, with subsequent degeneration of the tarsal cartilages. Such cases, at all events, are exceedingly rare; only two have occurred in his immense experience.

(I have seen several instances of great hypertrophy of the superior tarsal cartilage as a sequel of a chronic trachoma, one of which had the very hard feeling of bone. As they were never, however, so extreme as to require extirpation, the diagnosis was only conjectural. The external disorganization of the tarsus, in severe, deep-seated granulations, sometimes results in atrophy and great diminution and distortion; while in others, simple hypertrophy, or even ossification, is the consequence. I should think the extirpation without disturbing or taking away its lining conjunctival membrane, would require great delicacy of dissection.—E. W.)

Condylomata of the Iris.—This is a peculiar variety of iritis, characterized by great vascularity of the iris, and especially by the appearance of warty-looking, reddish, or dirty-yellowish elevations from its surface. These so called, condylomata, are highly vascular tubercles or tumors, about the size usually of a common mustard-seed, but sometimes so large as to touch the posterior surface of the cornea, and are commonly seated in the smaller circle of the iris near the pupillary margin. As these masses are formed by exudation of lymph, particularly around their base, they lead to adhesions between the iris and lens capsule—symblepharon posterior. The exact explanation of these tubercles is not certainly known. They consist of a tuft of blood-vessels which are enlarged in these places, and present generally a red or pinkish color. The color varies according to the amount of exudation, and its increase or diminution—at first red then paler, and finally changing, as the inflammation subsides, to a light ash-color. Even with the naked eye, blood-vessels can be seen running from the outer margin of the iris towards and into the little tumors. I have seen several of these cases in Vienna, but will describe only one. The patient, a physician, who lives in the

neighborhood of this city, is 35 years old, and in ordinary health, except his eyes. He has suffered for a considerable time from of keratitis, for which he has been treated by Prof. Ault, for several weeks at the ambulatorium, without any apparent benefit. One beautiful morning, a few weeks ago, he came into the clinic, grunting, making unbecoming faces, with an air of want of confidence in himself, in medicine, and in the rest of mankind generally—in short he was a *sick physician*. On examination, this peculiar form of iritis was discovered. Three or four of these prominences had already developed in one eye, and five or six in the other, near the inner margin of the iris. Points of synchia posterior, corresponding to the condylomata, were also manifest. Bloodvessels running to, and also over the tubercles, could be readily seen.

The patient was suffering severe pain in the circum-orbital region, over the eyes, and in the sides of the face and head. In this condition he was taken into the hospital for treatment. The atropine solution, which he had long been using for the corneitis, was continued, and in addition to this the "*unction cure*" was prescribed. This consists in the external use of citrine ointment for several weeks. It is systematically rubbed into the tenderest parts of the skin, as for instance, the insides of the arms and legs, increasing gradually the amount until a certain quantity is reached. Then the order is reversed, the quantity being diminished from day to day, until the original minimum is reached. By this time, *according to the theory*, the patient should be well. In the case under consideration, the unctions were practiced thirty-five days; at the end of which time he was not entirely well, but so much improved as to be able to leave the hospital for home. After the first three days of the treatment as indicated, the pains left him entirely and he mended rapidly, till two days ago, when he was discharged. At that time the redness had almost left the eyes; the corneitis was much better; the iris had assumed a more natural color, and the condylmata had diminished evidently in size. The largest and strongest adhesions, however, remained, preventing the free, regular dilatation of the pupils. These probably never will give way.

The cause of this peculiar form of iritis, is, in Germany, a matter of dispute. Prof. Ault unhesitatingly declares these tubercles to be an evidence of constitutional syphilis, and prescribes immediately the *inunction cure*, with a firm belief that the specific effect of the ointment will always relieve the suffering and *cure* the disease in a short time. His faith in mercurial preparations is unbounded. There are

others here that do not believe that *condylomatous iritis* is always attributable to syphilis, but have still full faith in the specific treatment. Whatever the cause of this form of iritis may be, they believe that the *Schmier-cure* will certainly relieve it. In the above patient there was no evidence of syphilis, and yet the remedy acted like a "charm." The German physicians generally, have more faith in the specific effects of mercury than the American or English.

(In nearly all the cases of *condylomatous iritis* that I have treated, I have had good reason to believe that they were syphilitic, and managed them accordingly. I treat with mercury or without, letting it depend upon the general condition of the patient and whether he has already been medicated extensively with mercury. I give the remedy, if at all, internally, use leeches if the patient's strength will bear depletion, and persevere during the whole time with the energetic use of atrophine, which in all the forms of iritis, is the sheet anchor. Repeated paracenteses of the cornea, and, in obstinate cases with extensive synechia, iridectomy, have also proved invaluable in my hands. I have never used the inunction cure very much, but in one case of secondary syphilis with mydriasis, I applied it, in connection with Ziltmanns decoction internally, with complete and permanent success. The man has since married and has three perfectly healthy children. In all cases of iritis with severe pain, the daily evacuation of the aqueous humor with a paracentesis needle, for a few times, gives prompt and nearly always, permanent relief. Paracentesis, one or two purgatives, injections of morphia subcutaneously or its free administration internally, and atrophine in a four grain solution, dropped into the eye from four to eight times a day, according to the severity of the attack, will nearly always promptly cure iritis, from *whatever cause*, without any so-called specific remedies. Still these do good when indicated, in maintaining the cure. One *paracentesis* effects more than a *dozen leeches*. At least that is my experience, and I therefore, now seldom prescribe leeches.—E. W.)

Cysticercus between the retina and choroid.—The patient is a Jewish servant-girl 23 years old and in good health. She says her eye has been weak for several months, varying much at different times. She has experienced no pain at all, but came simply on account of failure of sight in one eye. Externally the organ appears normal. The ophthalmoscope must therefore be summoned to reveal the secret. One might think this would be very easy, but it was only after repeated careful examinations for several days in succession that the true diagnosis was made out. All the characteristics of retinal detachment

could be easily seen. The detachment seemed to involve the whole retina, and the latter membrane, separated from the choroid, was pushed forwards into the vitreous humor forming a number of pouches in the fundus oculi. The fluctuations in these sacks were readily recognized when the eye was rotated, and hence complete retinal detachment was diagnosed and the patient admitted to the hospital for an operation, the nature of which I described in my last letter. The fact that the whole retina was separated from the choroid in an unusual manner, led to the suspicion that something more was at the bottom of the difficulty. At last, by means of the binocular ophthalmoscope an interesting little animal was discovered which proved to be a *cysticercus*. The parasite lies between the retina and choroid in the lower portion of the eye. It seems that it must have developed first above and afterwards gravitated to the lowest point, thus detaching the whole retina. The optic nerve entrance could hardly be seen at all, as it lay so deeply embedded among the floating folds of the retina, which the cyst of the animal and the fluid surrounding it had pressed forwards in front of it. The parasite was recognized from its head and neck which it fortunately protruded while the examination was being made. As the head was protruded it was easily seen, but when drawn back into the cyst no part of the animal could be detected. The head was seldom pushed out, and drawn in each time in a very few minutes, hence the great difficulty in making the correct diagnosis. The form and size of the cysticercus were very similar to a drawing in *Liebreich's Ophthalmoscopic Atlas*, and I need not, therefore consume time in describing it. The most interesting feature in the case, was the *movements of the animal in its cyst*. By close observation these could be distinctly seen. The cyst would swell up now and then like a bladder when air is blown into it, and then after a few minutes, fall into folds and disappear. These were observed to take place at *regular intervals*, as though the creature was timing his movements. As the eye was hopelessly blind, all treatment would have been worse than useless, and of course nothing was done. In some cases this animal has been extracted or killed and, as is alleged, with some benefit to the patient's sight. This patient was discharged after a few weeks detention for the purpose of observation.

As to the origin of this animal in the human system, very little is known. It has been contended that the eggs are carried into the body from the use of fresh pork. This patient said she had not eaten more than half a dozen pieces of pork in her whole life. This explanation of its presence, is to say the least, very doubtful. Thousands of peo-

ple eat pork regularly all their lives, without ever being affected with cysticercus. The experiments of Kuchenmeister, and others since him, in feeding animals the eggs of tape worm thus producing, in time, cysticerci in different parts of their bodies, have thrown some light on the subject. In some parts of Europe these animals are often found in the eyes, brain, liver and other organs, while in other localities, they are rarely if ever seen. The case given above, is the first one ever reported in Austria.

Some fifteen or twenty cases have been detailed in the different numbers of the Archiv für Ophthalmologic and other journals, occupying different parts of the eye, as the vitreous humor, between retina and choroid, and in the anterior chamber whence some have been extracted. (In my own practice, I have never seen but one cysticercus in the eye. It was situated close behind the edge of the lens which it pushed forwards, with the corresponding parts of the iris, towards the cornea. When the pupil was dilated it could be distinctly seen without the ophthalmoscope. The shape of the cyst, and everything connected with the case, led me to consider it a cysticercus, but I never could see the head excepting indistinctly through the cyst, nor detect any motion. The animal was probably dead. The man lived here in the city and could still see some with the eye but I have since lost sight of him. I published the case with a wood-cut some five years ago.—E. W.)

Editorial Abstracts and Selections.

PRACTICAL MEDICINE.

1. *Dr. William Budd on the Typhoid Fever of Cattle.*—At the late meeting of the British Medical Association an elaborate and singularly interesting paper was read by Dr. William Budd on the Siberian cattle plague, typhoid fever of the ox, or rinderpest, which is unhappily at the present moment causing so much devastation among the herds of the kingdom. Regarding this malady as a specific disease propagated solely by a specific contagion, Dr. Budd details broadly different outbreaks which have ravaged the Continent, and traces them to the great centre of endemic prevalence of the malady—the steppes of Siberia. He further gives a careful account of the disease as described by Prof. Simonds and other observers, as well as from a brief personal recent observation of the malady in London. Dr. Budd holds that rinderpest is the exact correlative of human typhoid fever, but there are grave doubts whether he is correct in this opinion. The paper was as well conceived as timed, and abounds with valuable sug-

gestions ; and the author would do good service to the public by publishing it in a separate form so that it might be generally accessible — *London Lancet*.

2. *Calabar Bean in Nervous Affections*.—H. N. MACLAURIN, M.D. in writing to the editor of the *Lancet*, says: SIR,—During the last six months the ordeal bean of Calabar (*Physostigma venenosum*) has been a good deal used in the Royal Hospital, Greenwich, in the treatment of functional nervous disorders. It has proved so advantageous in cholera that I think the following case will be found interesting:—

John W——, aged nine years, came under observation on the 27th of June, 1862. The patient had suffered from cholera for more than a month, and had undergone a variety of treatment, chiefly of the tonic kind. He had not, however, derived any advantage, and his disease seemed to be making progress. It is needless to describe the ordinary symptoms of chorea, and it will be sufficient to say that the boy was exceedingly helpless, being almost unable to take hold of any object, or even to feed himself; he had also become very thin. He was ordered the following: Liquor of Calabar bean two minims; glycerine and spring water, of each one ounce: a dessert-spoonful three times daily. Under this treatment he recovered gradually and steadily, his movements becoming every week more and more under control. By the end of July he was so much improved as to be able to dress himself; by the 25th of August every symptom of his disease was gone, his general health being also much improved. The administration of the drug was accordingly stopped, and the boy has gone to the country in advanced convalescence.

The liquor of Calabar bean mentioned in the prescription was obtained from Messrs. Beil & Co., of Oxford street. It is, I believe, a solution of the alcoholic extract in glycerine, of such strength that one minim is equal to four grains of the bean; so that the patient took one grain three times daily. At no time was any unpleasant consequence observed. This preparation is so safe and manageable that the only objection to it is its costliness.

At this hospital the remedy has also been employed with great success in cases of general convulsions with only impaired consciousness. In a case at present under treatment, that of a little girl aged four years and six months, in whom convulsions used to occur four or five times every day for about nine months, there has not been a single recurrence of the convulsion since the first dose of the bean was taken about a fortnight ago. In this case, after treatment in various institutions without success, idiocy appeared to be the most probable event.

Royal Hospital, Greenwich, Sept. 4th, 1865.



